2005468	ADAM	CHARLES M.
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

Died 20 Feb 73

Location
Lieu 19

NAME ADAM CHARLES

H. Q. FILE NO. E. 1034

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
STATION PAPER (M.F.W. 23, 133, or 51)	7/4/19	(Comp.) B.O.C.	7/2/20	B.O.C. Spec. 1734 MOC	DEATH
ALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
NING HISTORY SHEET (M.F.W. 113) Record Sheet					
CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
ANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
CAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
AL HISTORY SHEET (M.F.B. 465)					Category
CAL REPORT (M.F.B. 227 or A.F.B. 179)					
CAL EXAMINATION (M.F.W. 129)					
FER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
EDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					Memo b
RATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
AY CERTIFICATE (M.F.W. 44)					
EDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
ULARS OF CHARACTER (A.F.W. 3226)					
F PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
SW192					
Card					
ay Sheet					

H M

PUBLIC ARCHIVES RECORDS CENTRE

401892

W. 2589

6th Field Co. C.E. EN

ORIGINAL

4972 P

~~1768~~

No. 2005468.

ATTESTATION PAPER.

Folio. 1770

6/01

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Original

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	ADAM
1a. What are your Christian names?	Charles Merson
1b. What is your present address?	Port Clements P.O. Queen Charlotte Is
2. In what Town, Township or Parish, and in what Country were you born?	Elgin, Scotland.
3. What is the name of your next-of kin?	William Adam.
4. What is the address of your next-of-kin?	24 Hay Street, Elgin Scotland.
4a. What is the relationship of your next-of-kin?	Father.
5. What is the date of your birth?	6th October 1888.
6. What is your Trade or Calling?	Carpenter.
7. Are you married?	Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	Lieut. in 68th Earl Grey's Rifles (Home Defence).
10. Have you ever served in any Military Force? If so, state particulars of former Service.	3rd Vol. Battn. Seaforth Highlanders. 3 yrs.
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, Charles Merson Adam, 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.

7/9 October 20th Chas M Adam (Signature of Recruit)

Date ~~21st June~~ 1916. W A Hawkes (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Merson Adam, 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.

7/9, October 20th Chas M Adam (Signature of Recruit)

Date ~~21st June~~ 1916. W A Hawkes (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 North Vancouver this 20th day of October 1916.

H Martyn Deakins J.P. (Signature of Justice)

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

6th 6101 *

4972 P

Description of Charles Merson Adam. on Enlistment.

Apparent Age 28 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height		5 ft. 8¾ ins.
Chest measurement.	Girth when fully expanded	34 ins.
	Range of expansion	3 ins.
Complexion		Light
Eyes		Brown
Hair		Black
Religious denominations.	Church of England	
	Presbyterian	Yes.
	Methodist	
	Baptist or Congregationalist	
	Roman Catholic	
	Jewish	
	Other denominations (Denomination to be stated.)	

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).

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 22nd June, 1916. [signature]

Place NORTH VANCOUVER, B.C. PROV. LIEUT. C.A.M.C.
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.

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

[signature] (Signature of Officer)
MAJOR C.E.
O.C. 6th Field Company Canadian Engineers

Date 22nd June 1916.

EN 72 P

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

10101

DISTRICT RECORDS OFFICE
MAR 20 1919
Discharge Section

This is to Certify that No. 2005468 (Rank) Sapper

Name (in full) Charles Merson Adam enlisted in

the 6th Field Co C.E.

CANADIAN EXPEDITIONARY FORCE at North Vancouver on the 20th

day of October 1916

HE served in France with Can. Engineers

and is now discharged from the service by reason of DEMOBILIZATION

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

Age	31 years	Marks or Scars	nil
Height	5'8¾"		
Complexion	light		
Eyes	brown		
Hair	black		

Chas M Adam
Signature of Soldier

W B Andrews Capt.
Issuing Officer
For O.C. District Depot, No 11
Rank

Appointment

Date of Discharge 20/3/19

Signed at Vancouver this 20th day of March 1919

in Military District No. 11

File Reference No. D.D.A. 8425

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

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 certificate will not be completed

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.* 4972 D

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	2005468	Spr.	Cartwright	Charles

Year	Unit.	Age.	Service.
1918	2nd Canadian Engr: B Coy	31	2 4/12

Station and Date.
Bexhill 4.X.18

Disease

Admitted to St. John V.A.D.

1. G.S.W. 1800 27.IX.18. France.
2. " " 500 (2 3/4 Bns) 3.X.18 St. John V.A.D.
3. " " " " " 12.X.18 " " "
4. " " " " " 22.X.18 " " "

Wounded in France 27.9.18. No 1 CCS

Opn No. 9 5th Fd wound: contd vacuum made from last of bottle: glove drain.

Transferred to England 4.10.18. & admitted this Hospital.

Freely suppurating wound right buttock (upper = original wound, lower near anus the counter opening: both have soft rubber drains).

Ordering dressing take out in lower wound & glove drain retained in upper.

6.10.18. Fluid syringed through from upper to lower

12.10.18. Inflammatory thickening round lower wound with area of Fluctuation

Under Ether a mass of inflamed connective tissue removed.

16.10.18. Temp. normal & wounds doing well.

17.11.18. Bottom wound is healed, & top wound nearly.

T.F. Conrad Lt.

18-11-18

20-11-18.

Canadian Hospital Bexhill

Princess Patricia Canadian Red Cross Hospital
Cocoa Camp, Bexhill

4-1-19

The first and last entries will be signed, and transfers from one Medical Officer to another, attested by t

Wt. W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I.

(E239)

Station and Date.		

D.C. 5009 A

6101

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

MD 11

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Adam C.M.

REGIMENT 2nd C.E. RANK Sapper No. 2005468

Date of Examination in England 20.1.19 | Date of Examination in France

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 32,
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

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

KINMEL PARK, NORTH WALES.

Signature of Dental Officer P. LaRocque Capt

6101 EN 4972 P D.M.S. 1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☛ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Pte Name ~~Adams~~ C W Surname Adam

Unit or Corps 2nd C. E. (If a soldier) Regtl. No. 2005468

Born at Elgin Scotland on, date March 3 1887

Signature (for identification) Chas M Adam

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 166 lbs.

Height 5 ft. 10 ins.

no

2. NUTRITION AND DIATHESIS?

Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM?

no

4. RESPIRATORY SYSTEM.

no

5. HEART?

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 80 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? no

7. DIGESTIVE SYSTEM?

no

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1020 Reaction? acid Albumen? Nil Sugar? Nil

9. SKIN, MIDDLE EAR, EYE or any other part?

no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no

11. Opinion as to the health and physical condition of the one examined?

Good

Examined at Reims Fr

Date 20-1-19

Signed [illegible] Capt. M.O.

Signed [illegible] Capt. M.O

☛ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

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 25th Dft ENGINEER TRAINING DEPOT

(2) Regimental Number 2005468

(3) Full Name of Soldier Adam Charles Merson

(4) Place of Birth Elgin Scotland

(5) Are you married, or not ? No

(6) If married, state,
(a) Full name of your wife

(b) Present Postal Address

(7) Are you a widower ?

(8) Have you any children ?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address William Adam 24 Hay St. Elgin Scotland

(10) Is your Mother alive? Yes

If so, state name and address Mrs K E Adams

24 Hay St Elgin Scotland

(11) If your Mother is a widow —

Are you her sole support, or not? —

(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.

—

(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.

—

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.

[signature] Lieut

Officer Commanding.

Date 20/4/17

6079

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

D/C 8.0 Service 2 years.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names Chas. Merson 2. Surname Adam
3. Rank Spr 4. Original Unit 2nd C.E. Batt 5. Reg. No. 2005468
6. Address, in full, to which future payments of gratuity are to be forwarded c/o. Fairview Hardware Fairview Vancouver B.C.
7. Date of enlistment in the C.E.F. ~~21st~~ Oct. 20th June 1916
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
9. Relationship of such dependent
10. Address, in full, of such dependent
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? No.
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:—
2nd Canadian Engineers Batt
Overseas from 3 May 17 - to 20 Febry 19 -
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 ? No
14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service No.
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
2nd Canadian Engineers Batt
From 3 May 17 - to 20 Febry 19 - 20th March 1919
~~21st June 1916~~ Oct 20th 1916
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.

No.

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... None —

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 ? ~~No~~ Yes. A.

21. Have you, during the present war, served in the Imperial Forces ? ..... No.

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 ? ..... No

24. Are you now serving in the C.E.F.? ..... No ..... If not, give:—(a) Date of discharge 20th March 1919 ..... (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 which you served at the front, and dates of such service with that unit ..... Yes.
2nd Can. Inf. Batt. 21st Lby/18. to 27 Sept/18

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... No

(b) If so, are you in receipt of full pay and allowances from that Department ? ..... No

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: Chas. M. Adam

Place of Residence: Point Richmond B.C.

Declared before me at: Vancouver B.C.

This 20 day of March 1919.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. H.B. Andrews Capt. Discharge Section, District Depot, M.D. XI

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....			.....	
.....			.....	
.....			.....	

Certified Correct.

District Paymaster.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?
(If the answer is "yes" state nature of treatment required and probable duration.)

No

16. Can the former trade or occupation be resumed ? Partially - does not think he could do heavy work at present.
(If not, briefly state why.)

17. Recommendations

Return to duty.

W. F. MacKay, Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned C. M. Adam have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.) I complain in addition of

A. M. W.

Chas. M Adam
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report ? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

The Board is of opinion that the disability is very slight.

19. Is the soldier fit for

(a) General service,	(Category A)	(~~Yes~~ or No).
(b) Service abroad, not general service,	(" B)	(Yes or ~~No~~).
(c) Home service, (Canada only),	(" C)	(~~Yes~~ or No).
(d) Temporarily unfit,	(" D)	(~~Yes~~ or No).
(e) Unfit for service in Categories A, B and C,	(" E)	(Yes or No).

20. It is certified that the soldier
(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).

(b) Does not require treatment.
(c) ~~Should pass under his own control.~~
(d) Should not pass under his own control.
(Strike out condition not applicable).

4972 P

OPINION OF THE MEDICAL BOARD—(*Continued*).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Return to duty.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

President.

PLACE New Westminster, B.C.

DATE March 15th, 1919.

Members.

APPROVED BY

Captain
C.A.M.C.
M.D. 11

For Assistant Director of Medical Services.

DATE MAR 17 1919

APPROVED BY

Director-General of Medical Services.

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned,.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE.....

DATE.....

Members.

N/K (Father) Wm. Adam, 24 Hay St., Elgin, Scotland.

MEDICAL HISTORY OF AN INVALID

X1 C.C. INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION New Westminster, B.C. DATE March 15th 1919.

1. 1 (a) Unit 2nd C.E.R.B. (b) Regimental No. 2005468 (c) Rank Spr.

(d) Surname Adam (e) Christian name Charles Merson

2. Age last birthday 31 years Date of birth 6th Oct. 1887.

3. Enlisted at Vancouver, B.C. on 21 June, 1916.

4. Personal description:—

(a) Height 5' 8 3/4" (b) Weight 156 (stripped) (c) Complexion Light

(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks

5. Address after discharge (for the use of the Board of Pension Commissioners)

Prince Rupert, B.C.

6. Former trade or occupation Carpenter

7. (a) Service	Years	Days
	2	267

	Periods	
	From	To
Canada - June, 1916 - May 3, 1917		
England - May 14, 1917 - Feb. 20, 1918		
France - Feb.21, 1918 - Oct. 4, 1918		
England - Oct. 4, 1918 - Feb. 10, 1919		
Canada - Feb.20, 1919 - Present		

(b) Has he been overseas? Yes 8. Original disease or disability Myalgia

(a) Date of origin Sept. 27, 1918 (b) Place of origin France

(c) Cause* Active service conditions

(d) Present disease or disability Occasional pains in legs.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (*a*) weakness, (*b*) loss (complete or partial) of any organ or member of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

General condition good. No objective signs. Complains of pains in legs in morning, which improve as day goes on. Rather worse in wet weather. Says walking troubles him - cannot walk more than 2 or 3 miles.

M. F. B. 227.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

Thinks he could do light carpenter work, but no heavy manual labor. All joint movements normal.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous Yes Digestive Yes Respiratory Yes Cardiac Yes

Genito-Urinary Yes Skin, Middle Ear, Eye or any other part. Has an eczematous patch on outer side of each leg near ankle.

10. History: (*a*) of Condition referred to in "a" section 9.

Was wounded in right buttock in September 1918. Says the pains in legs have troubled him more or less ever since.

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Scar outer side right knee, scar front left thigh, large scar (burn) outer side right upper arm near shoulder, scar inner and outer side right buttock.

next page

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

N. App.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Six months

14. Treatment (Case reports, general or special, should be secured and attached where possible).

None

DUPLICATE.

~~1740~~

MEDICAL HISTORY SHEET. 2005468.

Surname Adam *Christian Name* Charles Merson

Examined { on (22nd day of June 191 6
at N. Vancouver

Birthplace { City or Town Elgin
County Scotland

Apparent age 28

Trade or occupation Carpenter

Height (5 Feet 8½ Inches.

Weight (175 Lbs.

Chest measurement { Minimum 34 inches.
Maximum expansion 3 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm ~~Right.~~ Left.
Number 3

When Vaccinated last 1902

(*a*) Marks indicating congenital peculiarities or previous disease Burn Mark on back of Right shoulder

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

Approved by A. D. McCarley

Rank Capt. Lieut. C.A.M.C. M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
10/5/17		A. Hartin Capt. M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
2/2/17	Sore	A. D. McCarley M.O.
19.2.17	1cc Slight	J. Macdonell Capt. M.O.
26.2.17	1cc Double	J.M.C. M.O.

Enlisted on 22nd *day of* June 191 6 *at* N. Vancouver B.C.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	6th Field C.E.	~~1740~~ 2005468		22. 6. 16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
VANCOUVER	OCT 24 1916		Fit A. Bully Capt. Army Med. Corps
VANCOUVER	JAN 31 1917	Fit	A. MacDonell Capt. A.M.C. Asst. Dir. Med. Services A. Hanley Kirkland Capt

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.

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

4972 D

Surname Adam Christian Name Charles Merson

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital Day	Month	Year	Dates of Discharge from Hospital Day	Month	Year	DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, 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.
St Jean PO		16	3	17	4	4	17	Rubella	20	Recovered	[illegible] Capt Ame O. 1/8. MILITARY HOSPITAL

6101 EN

ORIGINAL

Re-examined N.Y. 11/9/16

~~1770~~ 4972 P

MEDICAL HISTORY SHEET. 2005468

Surname Adam Christian Name Charles Merson

Examined on 22nd day of June 1916 at N. Vancouver

Approved by Hadley

Birthplace City or Town Elgin County Scotland

Rank Bor Lieut C.A.M.C. M.O.

Apparent age 28

Trade or occupation Carpenter

Height 5 Feet 8½ Inches.

Weight 146 Lbs.

Chest measurement Minimum 34 inches. Maximum expansion 3 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks Arm ~~Right.~~ Left. Number 3

When Vaccinated last 1902

(a) Marks indicating congenital peculiarities or previous disease Burn mark on back of Right shoulder Tab. 2

(b) Slight defects but not sufficient to cause rejection R.V. = 20/100. L.V. 20/15.

Date.	Fit or Unfit.	Examined for Re-engagement.
		8 - OCT 1918
		Fully fit for Service M.O.
		M.O.
		Proved Eyesight M.O.
		M.O.
	A	30 DEC 1918 M.O.
10-1-19	A	J. Brumwell M.O.

Date.	Result.	Vaccinations.
10/8/17	Good.	S. Hartin Capt. M.O.
		M.O.
		M.O.
13.2.18		Not.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
1/2/18	Good	H. Hadley M.O.
		Rev. Vaccinated A.M.C.
19.2.18	Slight	J. Brumwell Capt. M.O.
26.2.18	Double	J.B. M.O.
24/12/18 T.A.B.		

Enlisted on 22nd day of June 191 6 at N. Vancouver B.C.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	6th Field Co. C.E.	~~1770~~ 2005468		22-6-16
Transferred to	Pool			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
VANCOUVER	OCT 24 1917	Fit	Fully Capt Cameron
			Fit Brumpby Capt A.M.C.
VANCOUVER	JAN 30 1917		Fit Dr Madden Major Cameron Quarter Capt A.M.C.
ST JOHNS, P.Q.	APR 21 1917		Fit H Hadley Lieut Col

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.

M. F. B. 313.
400M.—1-16.
H. Q. 1772-39-439.

CANADA

4972 P

Surname Adam Christian Name Charles Morson

6101 *

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital Day	Month	Year	DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, 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.
St Jean Pl		16	3	17	20	4	17	Rubella	20	Recovered	O. Van Luven Capt Amc
											O. 1/6. MILITARY HOSPITAL
Crowboro		20	6	17	17	7	17	Mumps	27	Disch, to Unit A2	L. Hyttenrauch Capt
Boscombe		4	10	18.	20	11	18	Shwd		In action. Sever.	
								R. Buttock	50.		
										Canadian Hpl. Bexhill.	W. F. Lawrence
											MAJOR-GENERAL, I/c HOSP. SICK & WOUNDED, BOSCOMBE.
		20	11	18							
										R.G. Disc fit for duty. No disability	J. MacKenzie Capt

Princess Patricia Canadian Red Cross Hospital, Cedar Camp, Bexhill.

20 DEC 1918

EN

2

6101

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

4972 P

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

250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

ENGINEER TRAINING DEPOT

Unit, Regiment or Corps

Regimental No. 2005468 Rank Sapper Name Adam Charles Merson

C. E. F.

Enlisted (a) 20/10/1916 Terms of Service (a) D of War Service reckons from (a) October 20th 1916

330/12

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) Carpenter

Report: Date	Report: From whom received	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.
17-5-17 15. 6	C.E.T.D.	Embarked Disembarked. Taken on Strength of C.ETD.D. from Canada.	Canada England. Crowborough	3-5-17. 14-5-17 14-5-17	Part II Order No. 115.
21 FEB 1918	C.E.T.D	Struck off Strength of C.E.T.D. to C.E. pool France	Seaford	20.2.18	Part II Order No. 44 Fred W. Webb Lieut. C.F. for Adjutant, C.E.T.D
21.2.18	CBD.	T on S Pool		21.2.18	NR P/16
28.5.18	CCRC	SOS to 2 Fld Coy		28.5.18	WR 855 P/62
do	do	T.O.S. do		29.5.18	P/28
do	OC	Joined Unit	Field	28.5.18	B213

CERTIFIED COPY 25 FEB 1918 C.M. REGIMENT

(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.

[P.T.O.

6101

2005468 Adam C.M. 4972 P

Report Date	Report From whom received	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.
	W.O.	SOS 2FCCE ON TRANS TO 2ND CE.BN	Field	28/5/18	P30/a 2.7.18
1-6-18.	2nd CEBn	T,O S,2ND CEBATT--	Field	29/5/18	P/1. d/2-7-18
28/9/18		J.A.W.		27/9/18	B213
1/10/18	9 Gen.	GSW Butte R		1/10/18	K7311
3/10/18	— d	— d	to England	3/10/8	L481
3.10.18.	A.T.	Invalided Wounded to England		3-10-18	A.F.W. 3083/6211.
	Aberdeen	Reported to C.E.R.D.	Seaford.		Pt.2. D.O. #2. d/21.10.18.
					L.B. Johnston Capt. For Lt.Col. A.A.G. Com. Section
14.10.18.	C.E.R.D.	T.O.S. from 2nd Bn C.E.	Seaford	5.10.18	DO271
					L E Lund LIEUT: FOR LT. COL: I/C RECORDS, C.O.M.E.
23-12-18.	CERD	S.S. 2nd CERB	Seaford	20-12-18.	DO330
					[signature] Lieut For O.C. CERD.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G.W.P.Co (3490)

SERVICE AND CASUALTY FORM (Part I). 4972 P

Army Form B. 103—1. Part I.

(1)*Substantative rank	(2) Regiment or Corps	(3) Regtl. No.
*Acting rank *[To be entered in pencil to facilitate alteration.]	Can Engs	2005468

(4) Surname Adam ~~C M~~

(5) Christian Names Charles Merson

(6) Army Form, number of, Attestation Form or Record of Service paper

(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]

(8) Date of birth as stated on enlistment

(9) (*a*)

(10) Enlistment (*b*) 20-10-16

(11) Engagement (*c*) D of W

(12) Service reckons from (*date*) 20-10-16

(13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place)

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(Signature of Posting Officer

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

6101 4972 P

(A) Report: Date	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
27-12-[illegible]	2 CERB	Pt II Ord 186	T.O.S from CERD	Seaford	20-12-18	
17-1-19	2 CERB	On Command Kinmel Park pending return to Canada		Seaford	17-1-19	Part II Ord 14

Attached C.C.C. Kinmel Park for return to Canada. Part 11 Orders No._____. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No. 20 4/2/19

Commanding_____Wing, Kinmel Park Camp.

10-2-19. Embarked for Canada Sailing 12. N.M.S. Royal George.

H. L. Scott
Capt. Adjt. No. 14 C.T.C.S.

28-2-19 OVERSEAS T.O.S. DISTRICT DEPOT XI HASTINGS PARK VANCOUVER, B.C. 10-2-19 D.O. Pr. II 59 1919

DISCHARGED DEMOBILIZATION VANCOUVER, B.C. 20/3/19 D.O. 80/3 J. J 21/3/19.

J. A. MacLean Capt.
for O.C. District Depot., XI

Nothing to be written in this margin.

Form R 122.
2353—100M—9-1-16

6101

EN

4972 P

54

G.C. Rank Name ADAM. Charles Merson. Reg'l No. 2005468.

Unit If in perm. Corps, What Unit? Married or Single Single.

25th Dft. C E to C E - D.

Place and Date of Enlistment N.Vancouver. 20th.Oct.1916. Place of Birth Elgin Scotland.

Name and Address, Next-of-Kin William Adam,

24 Hay Street. Elgin. Scotland. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No 7065
File R.B.
Category
CAN.OR

OC

Engro

116

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	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.
C.		ARRIVED IN ENGLAND 14 5 17 S/S JUSTICIA			
15 5/17	CETD	T O S	Crowborough	15 5/17	Pt II O 115.
21.2.18	"	S.O.S. to C.E.R. Pool o/s	Spr. Seaford	20.2.18	D.O. 44 & C.E.R.P/D.O. 16/27 2/18
5.6.18	C.E.R. Pl.	S.O.S to 2 Fld. Co.	" Field	28.5.18	D.O. 62 & 2 Fd Co 28/8 6/18
2.7.18	2nd Bn C.E.	T.O.S. from 2nd F. Coy.	" "	30.5.18	D.O. 1 & 2nd F. Coy. D.O. 30 8/2 7/18
9.10.18	C.E.	Wounded		6.10.18	C.E.B. 340
14.10.18	C.E.R.D.	T.C.S. from 2 Bn C.E.	" Seaford	5.10.18	D.O. 271. & 2 Bn C.E. 42/21 10/18
27.12.18	2 C.E.R.B.	T.C.S. from 6 E R D	" "	20.12.18	D.O. 156 & C.E.R.D. 230/23 12/18
18-1-19	"	On com Mt D 11 Cw Phyl	" "	18-1-19	D.O. 15
29-1-19	"	S.O.S. to 1 C.E.R.B.	" "	29-1-19	" 24 & 1st C.E.R.B. 26/31 1/19

103 CHECKED
27 FEB 1918

6101

4972 P

Report. Date.	Report. From whom received.	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.
26-2-19	1st CCRB	So Son transfer to Canada	Seaford	10-2-19	DO 48 & Rhyl PrO 35 a/ 10.2.19

Form P. 812A.
7777 15m. 12/12/18 D509

C.R. FILE NO. 2378

ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to Mrs. W. Adam

Address 24 Hay St. Elgin Scotland

Name ADAM C. M.

From Canada: No. 2005468 Rank Spr. Unit C. E.

Rank	Authority	Unit

ASSIGNED PAY

Authority ..... Dol. ..... Effect .....

ASSIGNED PAY SEPARATION ALLOWANCE

15 " " "

1. 2. 19. " " "

ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ACCORDANCE WITH ADVICE FROM OFFICER OF DISCHARGE OF SOLDIER NAMED HEREIN.

Noted on L.P.C.

Month		Cheque No.	Assigned Pay	Amount Separation Allce.	Total A.P. and S.A.	REMARKS
DEC.	191					DISCHARGED TO CANADA.
JAN.						A.P. 1983
FEB.		J50016	15			
MARCH		G31030	15			
APRIL		A5009	15	Cancelled.		Final Payment
MAY				Disc: 20.3.19		
JUNE				Ottawa Cable 1892. 12.4.19.		
JULY						
AUG.						
SEPT.						
OCT.						
NOV.						
DEC.						
JAN.						
FEB.						
MAR.						
APRIL						
MAY						
JUNE						
JULY						
AUG.						

No. 200548 Rank Spr. Name Adam. C. M.

T. O. S. Unit Can. Engineers Training Depot.

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917.	1917.			
Feb. 17.	Feb. 28.	✓	T. O. S. 17. 2. 17.	D-O-500 of 19. 2. 17.

Form DMS 1401.

4972 P EN 6101

Princess Patricia Canadian Red Cross Hospital HOSPITAL.

A. & D. CARD

AT Cooden Camp, Bexhill. T4842

Reg. ~~A. & D.~~ No. 2005468 PL. OF ACTION Boulogne Wood.

RANK Spr. REG. NO. UNIT 2nd C.E. Bn SICK OR WOUNDED

NAME Adam CM AGE 31 RELIGION Presby

PLACE IN HOSPITAL Div II

DIAGNOSIS G.S.W. Buttock (RT)

ADMITTED 20-11-18 FROM Mil. Hosp. Boscombe.

DISCHARGED 20-12-18 TO C.E.T.D. Seaford

TRANSFERRED

SERVICE AT HOME 30/12 IN FIELD 8/12

RESULTS

DISCHARGED TO DUTY.

Cat A.

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

4972 P

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A340.	9 Gen: Rouen	1 10 18	G.S.W. R. Buttle
B381	D.L.R.6: Bexhill	21.11.18	" " " " "
B409.	Disc	20.12.18	" " " " "

4972 P FN 6101

REGT'L. No. 2005468.

H. Q. FILE No. 649

NAME Adam Charles Merson

RANK AND CORPS Pte. 2nd. Bn. form. T. D.

FOLLOWS No. 25 R. D.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
H 382	11-10-18	Adm. Alex. Mil Hosp Cosham
HLB 348 95-3	9-10-18	Oct 5th. 1918 G Sw R. Butt.

L. L. 31493. M. & D. 8476.

M. F. W. 42 100M.—28-11-17.
H. Q. 1772-39-893.

*Name Adam. Charles. M. Rank Spr. Regtl. No. 2005468

Fyle Depot 8425

Original unit ..... Present unit C. E. M. or S. Age 27 Religion Presby Ref. H.Q. .....

Port, ship, and date of arrival S. S. "Royal George" 20/2/19.

Next of kin Father William Adam 24 Hay St Elgin Scotland

Address on leave Discharged

Address on discharge Prince Rep 3/1 B.C.

Transportation issued Yes No Date ..... Character on discharge

Previous occupation Carpenter Date and place of enlistment 20-10-16 h. Vancouver

Diagnosis Myalgia Date of Medical Boards 13-3-19

Date.	Remarks	Pt. 2 Order No.
28/2/19	T.O.S. from O/seas 10/2/19 Posted to Cas. Coy. 25/2/19 Leave 13/3/19.	59-2a
24-3-19	Posted to Dis Sec: from Cas Coy:- DDDO 2/4 21-3-19	81 22-3-19.

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

610 EN

Surname	Christian Name or Names	Reg. No.
ADAM.	C.M.	2005468.
Rank	Unit	
Spr.	2. CEB.	4972 P

Cas. List.	
9-10-18. A340/3	9. G.H. Rouen. 1-10-18.
	G.S.W. R. Buttk.
9-10-18. B340.	Alex. Mil. Cosham. 5-10-18.
26.11.18 B381	P.P.C.R.X. Berkhd 21-11-18
31.12.18 B409	Dis. 20.12.18.

A.M.D. 2 DEPT.
Bdl. of D.G.M.S. O.M.F.C. London.

D.M.S. 1300. 50M-30-8-18.

Cas. List.

Form R. 149

CHARLES MERSON EN

6101 4972 P

Name ADAM Rank Reg. No. 2005468.

Unit 2 Bu Ce.

Next of Kin William Adam, 24 Hay St, Elgin, Scotland

1918. Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-10	9 GH. Rouen	Gsw R. Butt.		1340		4570/3
Sep 5-10	alex. Cosham	do.		B340		28149
21 11	PPC R X H Bischell	do		B381	H.382	1761
20 12	Disch.	do		B402		1761
	20/12 SF 20/12 to 2/1/19.					

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

C SURNAME. Adam

CHRISTIAN NAMES Charles Merson

REGL. No. 2005468 RANK ~~Sapper~~ Lce/Cpl

UNIT Can. Eng. (Training Depot.) (25th. R.D.)

FORMER CORPS 68th. Rifles. 3rd. Bn, Seaforth High.

11 CARD No. K

Sos Dis Demob 20-3-19

FOLL. D080 of 21-3-19 11 DD

NEXT OF KIN.

NAMES IN FULL Adam, William

RELATIONSHIP TO SOLDIER Father

ADDRESS 24 Hay St., Elgin Scot.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland, Elgin DATE Oct. 6th. 1888

PLACE OF ATTESTATION North Vancouver B. C. DATE Oct. 20th. 1916

O/S. 3-5-17 831a/3

R/C 20-2-19 269/45 Spr.

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

Sailed from Halifax per S.S. Justicia 3-5-17.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Carpenter RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 28 YEARS MONTHS

HEIGHT 5 FEET 3 3/4 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 3 INCHES

COMPLEXION Light EYES Brown HAIR Black

DISTINGUISHING MARKS not stated.

MEDICAL EXAMINATION. PLACE North Vancouver B.C. DATE June 22nd. 1916

Present address, Port Clements P.O. Queen Charlotte Is. B. C.

No. 1769 RANK Pte NAME Adam C. M.

T.O.S. 23-6-16 UNIT 6th Field Co. Can Engineers
DO 68 30-6-16

M.D. 11.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1916	1916			
June 23	June 30	✓		
	July	✓		
	Aug	✓		
	Sept	✓		
	Oct	✓		
	Nov	✓		
	Dec	✓		
	Jan 1917	✓		
Feb 1	Feb 10	✓	Transfd to C.E.F. 10-2-1	Feb paylist.

Em B.

Number. 2005468 Rank. Spr.

Surname. ADAM

Christian Name. Charles Kerson

Unit. L.E. Theatre of War. France

Date of Service. 28-5-18

Remarks.

B134391

Latest Address. Prince Rupert B.C.

Roll No. B.Pagl 2848.

Erased for re-engraving

24/-11-52

Royal George 20/2/19

6079

AUDITOR	PAYMASTER
GW	[illegible]

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

M. OR S. S

REGT. No. 2005468 RANK Spr. NAME (IN FULL) ADAM. CHARLES M (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP —
ADDRESS

IS SEPARATION ALLOWANCE PAID? nil — DATE EFFECTIVE
TO WHOM PAID — RELATIONSHIP
ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Eng L.O.C. adj to 31/1/19		

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT?
PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY
DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY
ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1/2/19 pay in England to be charged from
PAYABLE TO ~~Wm Adam~~ — RELATIONSHIP Father
ADDRESS ~~24 Hay St. Elgin Scotland~~
ANY CHANGE IN ASSIGNEE OR ADDRESS: 7/5/19 P.O. Box 258, Prince Rupert BC; ~~c/o Fairview Hardware Fairview Vancouver BC~~
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE
DISCHARGED PLACE Vanc DATE 20-3-19 REASON — AUTHORITY D080 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. No. of Days	Rate	Amount $ c.	Other Credits $ c.	$ c.	Total Credits $ c.	Acquittance Rolls Col. No. 1	Col. No. 2	Col. No. 3	Cash Payments Col. No. 1 $ c.	Col. No. 2 $ c.	Col. No. 3 $ c.	Assigned Pay $ c.	Regimental Charges $ c.	Other Charges $ c.	$ c.	Total Debits $ c.	Balance Debit $ c.	Balance Credit $ c.	Particulars or Remarks
Balance from previous account 31/1/19		1.10			135 36	135 36													135 36	
							Kinmel 22/1/19	Boat 12/2/19	H'fax 20/2/19	9 73	4 87	5 00					19 60			
						135 36	H'fax 20/2/19			50 00							69 60		65 76	
Feby	48	1.10	52 80	46 20									Chga							
				55 –		234 36	296 73			134 76			30 –				234 36			D071 Sub
																				a P only Chga Feb 1/14/c L
153 days				350 –		350 –							WSG							
													70 –				70	280 –		
								Apr 23	161640				70				70	210 –		
								May 20	174192				70				70	140 –		
								June 20	805761				70				70	70 –		
								July 20	824156				70 X				70	—		
				350 / 9 49		350 / 9 49	8/544568			9 49							350 / 9 49			N.O.C. Sick furlough 9/1/19 V032014

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

War Service Gratuity
Service 2 years 5 months

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. [illegible]
[signature] Capt., Officer i/c War Service Gratuity M.D. No. 11

Adjustment Account M.D. 11

100M-1-19.—L. L. 53962-M & D. 9723.
M. F. W. 2596.
1772-39-1390.

P. 580

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Elgin Scotland

NAME AND ADDRESS OF NEXT OF KIN: William Adam

24 Hay Street Elgin Scotland

RELATIONSHIP OF NEXT OF KIN: Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. 2005468 RANK Spr. NAME Adam. Charles Merson.

IF IN PERMT. CORPS, WHAT UNIT — UNIT C.E.T.D. 25th Bde.

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Vancouver

DATE OF ATTESTATION 20th Oct 1916

TRANSFERRED TO	DATE	AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 — DATE EFFECTIVE 1/5/1917.

PAYABLE TO Mr William Adam. 24 Hay Street Elgin Scotland. — RELATIONSHIP Father.

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) — EFFECTIVE — REASON

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														28 10	28 10																28 10				C.J.
May	31	1st 10	34 10												34 10								A9016					15 -		15 -	47 20				L.D.C. Canada.
June			33 ..												33 ..			464	30th				A33002		29 20			15 -		44 20	36 ..				
July			34 10												34 10								A8227					15		15 .	55 10				
Aug.			34 10												34 10								A15620					15 .		15 .	74 20				
Sept	30		33 .												33 .			701	15th				A183477	43 80				15	36	59 16	48 04				D.O.R. A 4005 3309 - 6-8-17
			168 30											28 10	196 40									43 80	29 20			75	36	148 36					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Oct.			~~48 04~~						48 04		
				A24840 1	~~7 73~~			15			
				a.R.968 15-9-17 Shorham	19 47						
				1/144 30-9-17 CETD Shorham	9 73						
..		Spr Pay	34 10								
			34 10		29 20			15	37 94		

2005468 Spr. Adam Charles Merson

Assigned Pay $15

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	ACQUITTANCE ROLLS 1 DATE	ACQUITTANCE ROLLS 2 No.	ACQUITTANCE ROLLS 2 DATE	ACQUITTANCE ROLLS 3 No.	ACQUITTANCE ROLLS 3 DATE	ACQUITTANCE ROLLS 4 No.	ACQUITTANCE ROLLS 4 DATE	CASH PAYMENTS 1	CASH PAYMENTS 2	CASH PAYMENTS 3	CASH PAYMENTS 4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH PARTICULARS			CR.1		CR2		PARTICULARS							DR 1	~~DR2~~ DR2	DR3		DR.4		BALANCE		DEFERRED PAY												
Brt Over			34	10										29	20			15		37	94													
Nov	Spro Pay		33								B572034					15																		
									aR. 1419		CETD		15-11-17.	9	73																			
Dec	"	"	34	10					aR 1187		"		14-10-17	9	73																			
									B87403							15																		
									aR1314		"		30-10-17	9	73																			
									1494		"		30 11/17	9	73					36	12													
1918			67	10										38	92	30																		
Jan	22								B87946							15																		
	Spr Pay		34	10					aR1594		CETD		6 12/17	9	73																			
									aR1659		"		20 12/17	9	73					35	76													
			34	10										19	46	15																		
Feb.	Spro. Pay		30	80					C90354							15																		
									A.R. 1802,		C.E.T.D.		15 1/18.	9	73																			
									A.R. 2084,		"		31 1/18	9	73					32	10													
			30	80										19	46	15																		
Mar.	Spr. Pay		34	10					821304							15																		
									A.R. 2335,		C.E.T.D.		20 2/18	4	87																			
									A.R. 2209,		"		14 2/18	9	73																			
									aR. 314		4th A. Troops.		26/2/18	4	46.																			
									A.R. 5455,		Endn. Corps Schl.		12 3/18	3	57																			
									5646		CETD.		23/3/18	4	46					24	11													
			34	10										27	09	15																		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR ~~CANADA~~.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-5-17	EFFECTIVE DATE:-
AMOUNT:- 15⁰⁰	AMOUNT:-

NAME:- ADAM Charles Meroon

NUMBER:- 2005468

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.
Mr. William Adam (Father) 24 Hay St. Elgin Scotland	

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Sapper

UNIT AND TRANSFERS

ORIGINAL UNIT:- CETD (25th Draft)

DATE ACCOUNT FIRST OPENED:- 1-5-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	1-6-18		C.E. France

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
11/1/19	3410	2nd CRB. £1	+84				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans. to Canada 1st/19 AR. 1983 14/1/18 2nd CRB. Rhyl. M.D.11 Co. Bal. ₹135 3d LRC.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Bal Forward								24 11		
April	Spr Pay	33		A 18005			15				
				AR 291 6 CA. 14/4/18	4 46				37 63		
May	Spr Pay	33 34 10		A 86405	4 46		15 15				
				AR. 936 CRD	8 03						
				AR. 81 4 Army J 30/5	4 46				4426		
June	" "	34 10 33 "		B 42004	12 49		15 15				
				AR 89 17/6/18 2nd Eng Bn	4 46						
				DR 7 1/K 35	3 57						
									54 23		
July		33 " 34 10		C 13805	8 03		15 " 15 "				
				AR 125 1-7-18 2nd Eng Bn	4 46						
				" 244 17/7/18	3 57						
									65 30		
Aug.	Spr. Pay.	34 10 34 10		C 60811	8 03		15 15				
				AR. 323 2nd CE Bn 3/8/18	3 57				80 83		
Sept.	"	34 10 33 -		C 76410	3 57		15 15				
				" 432 2nd Can. Inf. Bde. 5/9/18	3 57						
				" 563 2nd CE Bn. 20/9/18	3 57				91 69		
Oct.		33 - 34 10		D 38210	3 57		15 15		110 79		
NOV		34 10 33 "		E 19726			15 15				
Dec.		34 10		E 30310 Dec.			15				
				13538 PRCR Bagshill 26/11/18	2 43						
				1852 " 19/12/18	24 33						
				~~E 24806~~ E 24906 Jan.			15		140 23		
JAN		34 10			26 76		45				
FEB	1. P & A Sick Sur. 20-12-18 to 2-1-19 20.7.19-1-19 2nd Sick 13 Days @ 7/3d.	101 20 -312- 949		3209 2nd CE Bn 11/1/19	+84						
				1113 - 22/1/19	9 73	Subs. rendered 20/1/19			135 12		
		949			14 60						

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	S.O.S. Canada 10/2/19			SL. 10 2nd CGR							

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
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 Commandin

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.

This space to be for numbers. 6101 1734

M 21/7/39

Proceedings on Discharge.

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

No. 2005468

Rank Sapper

Surname Adam

Christian name Charles Merson

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 6th Field Co. Can. Engineers

Date of discharge 20th March 1919

Place of discharge Vancouver

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive marks
Age	31 years months.	Nil
Height	5 feet 8¾ inches.	
Complexion	light	
Eyes	brown	
Hair	black	
Trade	Carpenter	
Intended place of residence (To be given as fully as practicable.)	Prince Rupert. B. C.	

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

Authority for discharge DEMOBILIZATION 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.)

E.C. 12/3/20.

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

MEDICAL DOCUMENTS FORWARDED TO ~~S. C. R.~~ OR B. P. C. ON 27/3/19

(OVER)

G.D. 14.3.61

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)..... Chas M Adam *(Signature of Soldier.)*

District Depot M.D. XI MAR 20 1919 Discharge Section

(Date)..... A J Lyle *(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.

District Depot M.D. XI MAR 20 1919 Discharge Section

(Place).....

(Signature)..... W B Andrews Capt. For O.C. District Depot, M.D. XI

(Date).....

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.)

None
Chas M Adam

6101
4

4972 P

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

The Board is of opinion that the disability is very slight.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)
(*c*) Home service (Canada only),	(" C)	(Yes or No.)
(*d*) Temporarily unfit.	(" D)	(Yes or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

20. It is certified that the invalid
(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Return to duty

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

A.M.Warner Capt *President.*

PLACE New Westminster B.C.
W.F. Mackay Capt
DATE March 18th 1919. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE.....
DATE..... } Members

APPROVED BY
B.E. Lang Captain C.A.M.C.
Assistant Director of Medical Services.
DATE March 17 1919

APPROVED BY
Director-General of Medical Services.
DATE.....

6101 * EN

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

4972 P

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION New Westminster B.C. DATE March 15 1919

1. 1 (*a*) Unit 2nd C.E.R.B. (*b*) Regimental No. 2005468 (*c*) Rank Spr
(*d*) Surname ADAM (*e*) Christian name Charles Merson
(*f*) Home address P.O. Box 258. Prince Rupert
(*g*) Next of Kin Wm Adam (*h*) Relationship Father
(*i*) Address of Next of Kin 24 Hay Street .Elgin Scotland.
2. Age last birthday 31 Date of birth Oct .1887
3. Enlistment, or Appointment (if an Officer) (*a*) Place Vancouver B.C. (*b*) Date June 21.1916
4. Personal description:
(*a*) Height 5ft 8¾" (*b*) Weight 156lbs (stripped) (*c*) Complexion light
(*d*) Colour of hair black (*e*) Colour of eyes brown (*f*) Identification marks, Scars, etc. .....
5. Former trade or occupation Carpenter

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days	Periods From	Periods To
Canada	June 1916 to May 3 1917		Feb 20 1919	Present
England	May 14 1917" Feb 20 1918		Oc t 4 1918	Feb 10 1919
France or other theatres of War			Feb 21 1918	Oct4 1918

7. Original disease, or injury Myalgia
(*a*) Date of origin Sept 27 1918 (*b*) Place of origin France
(*c*) Cause Active service conditions

M. F. B. 227.
400m—11-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Occasional pains in legs.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

General condition good .No objective signs. Complains of pains in legs in morning, which improve as day goes on. Rather worse in wet weather. Says walking troubles him. Cannot walk more than 2 or 3 miles. Thinks he could do light carpenter work, but no heavy manual labor .All joint movements normal.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System no Genito-Urinary System no
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses Respiratory System no Integumentary System

Disturbances of Mentality Digestive System no Muscular System

Osseous and Joint Systems Any other general condition Has an scremtous patch on outer side of each leg near ankle.

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Was wounded in right buttock in September 1918 . Says the pains in legs have troubled him more or less ever since .

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

(*c*) (Here give a description of wounds, scars and deformities.) Scar outer side right knee , scar front left thigh , large scar(burn) outer side right upper arm near shoulder , scar inner and outer side right buttock.

11.—(*a*) Did the disabling condition have its origin before enlistment? N.A.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? no
The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Six months

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

none

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

no

16. Can the former trade or occupation be resumed? Partially -does not think he could do heavy work at present.
(If not, briefly state why)

17. Recommendations

Return to duty

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned C.M.Adam have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Chas. M. Adam Rank.
Signature of invalid examined.