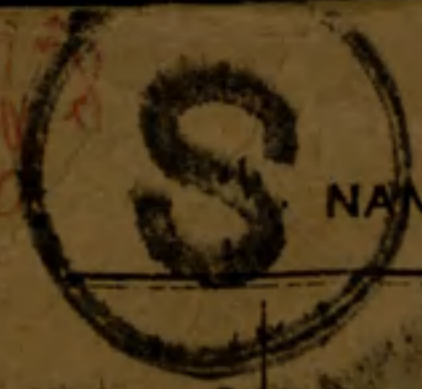


REGIMENTAL DOCUMENTS



NAME **ADAM, GEORGE.**

REGT. NO. **404001** UNIT **8**

H. Q. FILE NO. **1049**

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
32 ATTESTATION PAPER (M.F.W. 23, 133, or 51)	R149				DEATH	
319 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category	
1 TRAINING HISTORY SHEET (M.F.W. 113) <i>Record Sheet</i>						
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
2 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)						
2 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
52 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category	
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Discharge</i>	
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1 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)						
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LAST PAY CERTIFICATE (M.F.W. 44)						
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
PARTICULARS OF CHARACTER (A.F.W. 3226)						
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
1 <i>PS 3</i>						
1 <i>Miso</i>						
1 <i>PS 10435</i>						
1 <i>PS 10435</i>						
1 <i>Cas Card</i>						
1 <i>Pay Sheet</i>						



ATTESTATION PAPER

No. 44001

Folio. A 2032

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

- 1. What is your name? *George Adam*
- 2. In what Town, Township, or Parish, and in what Country were you born? *Glasgow Scotland*
- 3. What is the name of your next-of-kin? *Mrs R. Adam (Mother)*
- 4. What is the address of your next-of-kin? *6 Seventh St New Toronto, Ont, Canada*
- 5. What is the date of your birth? *Dec 16th 1895*
- 6. What is your trade or calling? *Machinist*
- 7. Are you married? *No*
- 8. Are you willing to be vaccinated or re-vaccinated? *Yes*
- 9. Do you now belong to the Active Militia? *Yes*
- 10. Have you ever served in any Military Force? *6 months 10th Royal Grens*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? *Yes*
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes*

George Adam (Signature of Man.)
G. Sanderson (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *George Adam*, do solemnly declare that the above answers made by me to the above questions 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.

George Adam (Signature of Recruit.)
 Date *12 April* 1915. *M. Sanderson* (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *George 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.

George Adam (Signature of Recruit.)
 Date *12 April* 1915. *M. Sanderson* (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 *Toronto* this *12th* day of *April* 1915.

M. Sanderson (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Reg Bellatt (Approving Officer.)

DESCRIPTION OF George Adam ON ENLISTMENT.

Apparent Age 19 years 5 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 8 1/2 ins.

Chest measurement { Girth when fully expanded 33 1/2 ins.
 Range of expansion 2 ins.

Complexion Medium

Eyes Brown

Hair Brown

Slight scar on right fore-arm

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

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 April 5 1915

Place Montreal

J. J. Walling
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

George 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.

J. J. Walling (Signature of Officer.)
Lebel

Date 19 April 1915

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge.

Class _____

No. _____

THIS IS TO CERTIFY that No. ^A~~4001~~ 4001 (Rank) *Pte*

Name (in full) *Adam George* enlisted in

the *35th* ~~th~~ *Bn*

CANADIAN EXPEDITIONARY FORCE at *Toronto* on the *12th*

day of *April* 19 *15*

HE served in *France and Belgium*

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 *24 yrs*

Height *5' 8 1/2"*

Complexion *Medium*

Eyes *Brown*

Hair *Brown*

Marks or Scars _____

*Slight scar on
right fore arm*

George Adam
Signature of Soldier

James H. [unclear]
Issuing Officer

Date of Discharge

No. 2 District Depot
Toronto, Ont.

MAY 25 1919

O.C. No. 2 District Depot.

Rank

Date *MAY 25 1919* 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.



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

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Black Letters) ADAM, G
REGIMENT C.A.P.C. RANK PTC No. ~~404000~~
A4001

Date of Examination in England 27/4/19 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

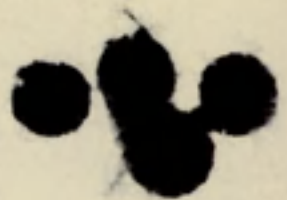
1. FILLINGS 2 -
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

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 Yes

Signature of Dental Officer [Handwritten Signature]
CDR



ADAM
979

C.A.C.

1/10/19

1/10/19

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I,
Part I.

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)

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (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)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) of conditions of service	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d)
---	---

(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) (19) Pivotal-man (f) (20) Qualifications (g)	(Place) (Date) 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, Shoing-smith, &c.

(A) Report		(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
Date	From whom received					

Attached C.C.C. Kinmel Park for
return to Canada. Part II Orders
No....., Ceases to be attached
C.C.C. Kinmel Park on embarking
for Canada, Part II Order No.....
Commanding..... Wing,
Kinmel Park Camp.

S. J. Roberts

116/10 16 v 19

Embkd MINNEKAHDA
May 14 '19.
Disembarked May 23, 19

Nothing to be written in this margin.

3

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

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

500M.—9-16
H. Q. 1772-39-9'0.

Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. 40400 Rank Plt Name Adam George

C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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).....

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				
MAY 14 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO	1919	PART II	155
MAY 25 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,		PART II	155
<i>W. C. Roberts</i>					Lieut.
For O. C. No. 2 District Depot					

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

[P.T.O.]

W.S.B. class A

Casualty Form—Active Service.

Regiment or Corps 23rd Bde

Rank Plt Surname Adams Christian Name George

Religion Presb. ecc. Age on Enlistment 19 years 5 months

Enlisted (a) 12.4.15 Terms of Service (a) Post War Service reckons from (a) 12.4.15

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and Rate

Occupation Mechanic Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
<u>20.6.15</u>	<u>23 Bde</u>	<u>I. O. S.</u>	<u>Tilgate</u>	<u>14.6.15</u>	<u>No. 143</u>
<u>17.7.15</u>	<u>"</u>	<u>Embarked in France</u>	<u>"</u>	<u>16.7.15</u>	<u>" 166</u>
<u>29.7.15</u>	<u>3rd Bde</u>	<u>arrived I. O. S.</u>	<u>Boulogne</u>	<u>17.7.15</u>	<u>" 23</u>
<u>27.8.15</u>	<u>"</u>	<u>Wounded</u>	<u>"</u>	<u>19.8.15</u>	<u>C. M.</u>
<u>28.8.15</u>	<u>"</u>	<u>Fit</u>	<u>"</u>	<u>22.8.15</u>	<u>in Band details</u>
<u>1.9.15</u>	<u>3rd G.B. S.</u>	<u>I. O. S.</u>	<u>France</u>	<u>1.9.15</u>	<u>Non Recd</u>
<u>15.9.15</u>	<u>"</u>	<u>Proceeded to join 3rd Bde</u>	<u>"</u>	<u>15.9.15</u>	<u>"</u>
<u>1.12.15</u>	<u>3rd Bde</u>	<u>Trench Feet</u>	<u>13th Stab/Dep Boulogne</u>	<u>24.11.15</u>	
<u>6.12.15</u>	<u>"</u>	<u>"</u>	<u>14th Stab/Dep "</u>	<u>29.11.15</u>	
<u>10.2.16</u>	<u>23 Bde</u>	<u>I. O. S.</u>	<u>Leaving</u>	<u>10.2.16</u>	<u>No. 34</u>
<u>22.2.16</u>	<u>Plt</u>	<u>attached</u>	<u>London</u>	<u>21.2.16</u>	<u>"</u>

(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) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
9.6.16	Records	To be a/cpl	London	1.6.16	No 136
12.7.17	1 st Ace	T.O.S. from C.R.O.	S'ham	10.3.17	" 112
3.8.17	"	T.O.S. to "	"	20.7.17	" 131
7.8.17	Records	T.O.S.	London	20.7.17	" 184
25.2.18	"	Reverts to Perm Grade plé	"	25.2.18	" 47(a)
25.2.18	"	S.O.S. to General Depot	"	25.2.18	" 47(a)
25.2.18	"	Awarded 1 G. S. Badge.	"	12.4.17	" 47(a) Capt
FORWARDED FOR ADJL. FOR DEPT. OF THE GENERAL AUDITOR, CANADIAN OVERSEAS MILITARY FORCE.					
27-2-18	Gen Depot.	T.O.S. Gen Depot.	S'cliffe	25/2/18	Pt II No 49 27/2/18
23-4-18	✓	S.O.S. G. D. Transfer	✓	4/4/18	✓ ✓ 81 8/4/18
		C.R.O. S'cliffe	✓	22/4/18	96 23/4/18
		Com Audits. London.	<u>M. F. Willcocks</u>		
22.4.18.	G. Depot.	attached to Dept. of G.A.	London.	22.4.18.	Pt No. 24. 26. 4. 18.
2.1.19.	do.	Trans. to Dept. of G.A.	London.	2.1.19.	Pt No. 15. 21. 2. 19.
28.4.19.	S. of G.A.	S.O.S. and trans. to Gen. Depot. Seaford. on rep. to Comm. Can. Con. Camp. Kimmel Park. Rhyd. for return to Canada.	London.	28.4.19.	Pt No. 34. 29. 4. 19.

CAPT.
 ADJUTANT,
 DEPARTMENT OF THE GENERAL AUDITOR

Rank *A/Cpl* Name ADAM George

Reg'l No. *4001* *Em. 2747*

Unit *23 Bn - Reinforcements* If in perm. Corps, What Unit?

Married or Single *Single*

Place and Date of Enlistment *Toronto, 12 April 1915*

Place of Birth *Scotland*

Name and Address, Next-of-Kin *Mrs K. Adam
6 Seventh St, New Toronto, Ont.*

Relationship *Mother*

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place *A Rec* Reason Character

File No. 10393
File No.
Category QR Can

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				
20.6.15	<i>Ob. 23rd Bn</i>	<i>Taken on str. from 35th</i>	<i>Digby Plain</i>	<i>14.6.15</i>	<i>Pt. II D.O. 143.</i>
17.7.15	<i>Ob. 23rd Bn</i>	<i>Embarked for France</i>	<i>Shoucliffe</i>	<i>16.7.15</i>	<i>Pt. II D.O. 166</i>
29.7.15	<i>Ob. 3rd Bn</i>	<i>Arrived & taken on str.</i>	<i>Boulogne</i>	<i>17.7.15</i>	<i>DCS. 126 Pt. II D.O. 23-3rd Bn</i>
31.7.15	"	<i>Taken on strength 3rd Bn</i>	<i>In the Field</i>	<i>17.7.15</i>	<i>Pt. II - 23.</i>
27.8.15	<i>6D 144th Bn</i>	<i>Wounded.</i>	<i>1st Comm Depot - Boulogne.</i>	<i>19.8.15</i>	<i>ON</i>
28.8.15	<i>" 145th "</i>	<i>Fit</i>	"	<i>22.8.15</i>	<i>To Base Details</i>
1.9.15	<i>Ob. 3rd Bn</i>	<i>Taken on strength 3rd Bn</i>	<i>France</i>	<i>1.9.15</i>	<i>Non Roll (196th Roullon)</i>
15.9.15	"	<i>Proceeding to join 3rd Bn</i>	"	<i>15.9.15</i>	<i>Non Roll (from Boulogne)</i>
1.12.15	<i>6D 223rd Bn</i>	<i>Trench Feet, silt</i>	<i>13th Stat. Hq. Boulogne</i>	<i>24.11.15</i>	
6.12.15	<i>" 226th "</i>	"	<i>1st Comm Depot Boulogne</i>	<i>29.11.15</i>	

BR
HR

HR
R2 B

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				
6.12.15	D 228.3 rd Bn	Unfit (Trench feet)	No. 1. Com. Hq. Boulogne	30.11.15	Dischg. to Base Details
10.2.16	O.C. 23 rd	Taken on strength	W. Sandling	10.2.16	Pt 2 O.34
22.2.16	R.O.	Attached (Ptn DO 42 of 17.2.17) R.O. On strength record office	London	21.2.16	" 44
9.6.16	Rec O	To be appl.	"	1.6.16	" 136
12.7.17	1 st Lieut.	T.O.S. on Com Ban Record.	"	10.3.17	Pt DO 112.
3.8.17	---	leaves on Com to Rec Off } S.O.S. to bot of Com Record Off }	appt Shoreham	20.7.17	Pt DO 131.
7.8.17	C.R.O.	T.O.S. on trans from 1 st Q.R.D.	" London	20.7.17	Pt 4 th 184
25.2.18	S.R.O.	S.O.S. to Gen. Dir.	Pt. do.	25.2.18	47 ^a . Gen. Dir. Pt DO 49 of 27/1/18.
25.2.18	S.R.O.	Report to Pt. a S.O.S.	Pt. do.	25.2.18	47 ^a .
25.2.18	S.R.O.	Transfer on G. to Regt.	Pt. London	12.4.17	47 ^a .
23.4.18	Gen Dept	On Com to Dep Gen Audit & Scr	Pt. Gifford	22.4.18	96 D of G. A. Pt DO 24 of 26/4/18.
7.1.19	Gen Dept	leaves on Com D of G. A. & is SOS to D of G. A. London	Pt. Willey	2.1.19	5 D of G. A. T.O.S. Pt DO 15 of 21.2.19. Gen. Dir. DO 94/30/19.
2-5-19	2 MDC W. G.	T.O.S. all purposes pend. R.T.C.	" K Park	30-4-19	DO. 104 Gen. Dir. DO 94/30/19.
29.4.19	D of G. A.	S.O.S. to Gen Dept on report to cc Com & Rly	Pt London	28.4.19	34. Gen. Dir. DO 94/30/19.
14-5-19	2 MDC W. G.	SOS on pro. Canada 55-1-89	" K. Park Sailing	14-5-19	DO 116. Sailing 55. I. 26 14.5.19.
				25.5.19	

Folkestone 18-4 -18.

3/22
CEREBRO-SPINAL
FEVER.

~~#~~4001 P/K
Adam G.

We have now made two successive negative
bacteriological examinations, of the marginally noted
for Meningococci, on the following dates;

15/4/18 & 17/4/18

S. M. Dobbin Capt. C.A.M.C.
.....
for O.C. No. 1 Can. General Laboratory.

Surname *Adams, G.* Christian Name or Names _____ Reg. No. *A4001.*

Rank *Pte.* Unit *3rd Battⁿ Misc. Units Gen Dep* Co. _____ Troop _____ Batty. _____

Hospital *#1 Conv. Boulogne* Date of Admission *19-8-15*

Transferred *Base details* Hosp. *22.8.15.*

13 Staty. Boulogne. Hosp. *24-11-15*

Conv. dep Hosp. *29-11-15*

King Geo. Mil Stamford St Hosp. *1-5-18*

Diagnosis

(1) _____
Later Diagnosis (if changed)

(2) *Crunch feet (set)*

(3) *Ingrown Toe nail. at*

Additional Diagnoses, if more than one state present

DISPOSITION

Dis. to base details, 30.11.15. Date
Dis 18.5.18

REMARKS

G.L. 28. 8. 15 145
6.12.15. 226
8.12.15. 228.
3-5-18 C201
28-5-18 C21

Pit.

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

NAME *Adam. George*REGT'L. No. *A. 4001.*

RANK AND CORPS

Pte. 3rd (Form: 35th Rein: Draft.)

CABLE

NATURE OF CASUALTY

No.

DATE

*M. 777. 26-8-15**Admitted to No. 1 Coon: Depot, Boulogne,
Aug: 19th Wounded.*

NO.

48

FOLL.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
144	No. 1 Con. Dupok Boulogne	19-8-15	Wounded
140	To Base Details	22-8-15	Fit
223.	#13 Stat, Boulogne	24-11	Trench feet. (Slight.)
226.	#1 Con. Hlep. Boulogne	29/11/15	Trench feet.
228.	Disch. to Base Details	30-11-15	Unfit. Trench feet.
C 201	King Geo: Stamford St.	1-5-18.	Ingrown Toe Nail
C 21	Disc.	18-5-18	" " "

Reg. No. 404 01	Rank. PTE	Surname Adam	Category. B III	Dentally Unfit.
Christian Names (1) George		(2) G. Adam	(3) G. Adam	Date 11-17
Place of Enlistment: Toronto	Date of 12-11-15	Taken on from 23 rd Res Bn	Religion P	Inoculations 2 AB June/17
Province: Ont.	Age on 19-5/12	Date 27-4-18	Religion MS.	Vaccination nil.
On Command.....	Hospital.....		Permanent Cadre Date taken on	Employed as Clerk
Date Proceeding	Date Admitted		20-7-19	27-5-18
Record of Overseas Service: 2 nd Bn 6 months			Profession or Trade (Civil) Machinist	
Reason for Return: French Det			Transferred or Posted to A. J. B. Date 2-1-19	
Married or Single Single	LEAVE.			
Address of Next of Kin Mrs K Adam 6-7 th St. New Toronto Ont.	No. of Pass Issued	FROM 9-7-17	To 16-7-17	Free Transportation 59.724923.4
Country				

Part 2 Order Entries.

~~65 Loughboro St.~~
~~Brixton S.W.~~

~~157 Melrose Avenue~~
~~Wimbledon Park, S.W.~~

65 Loughborough Rd
Brixton, S.W.9

No.	Date	Ref.	No.	Date	Ref.
136a	7.6.16	A4			
47(a)	25.2.18	R			
47(a)	25.2.18	X			
47(1)	25.2.18	8 B			
^{10 of 4 A} 34	26.4.18	A7.			
36	3.5.18	H.A.			
41.	21.5.18	H.P.			
54.	5.7.18	X.			
63.	2.8.18	X.			
15.	21.2.19	9.			
34	29.4.19	S.A.			

No.

RANK

Pte.

NAME

Adam George

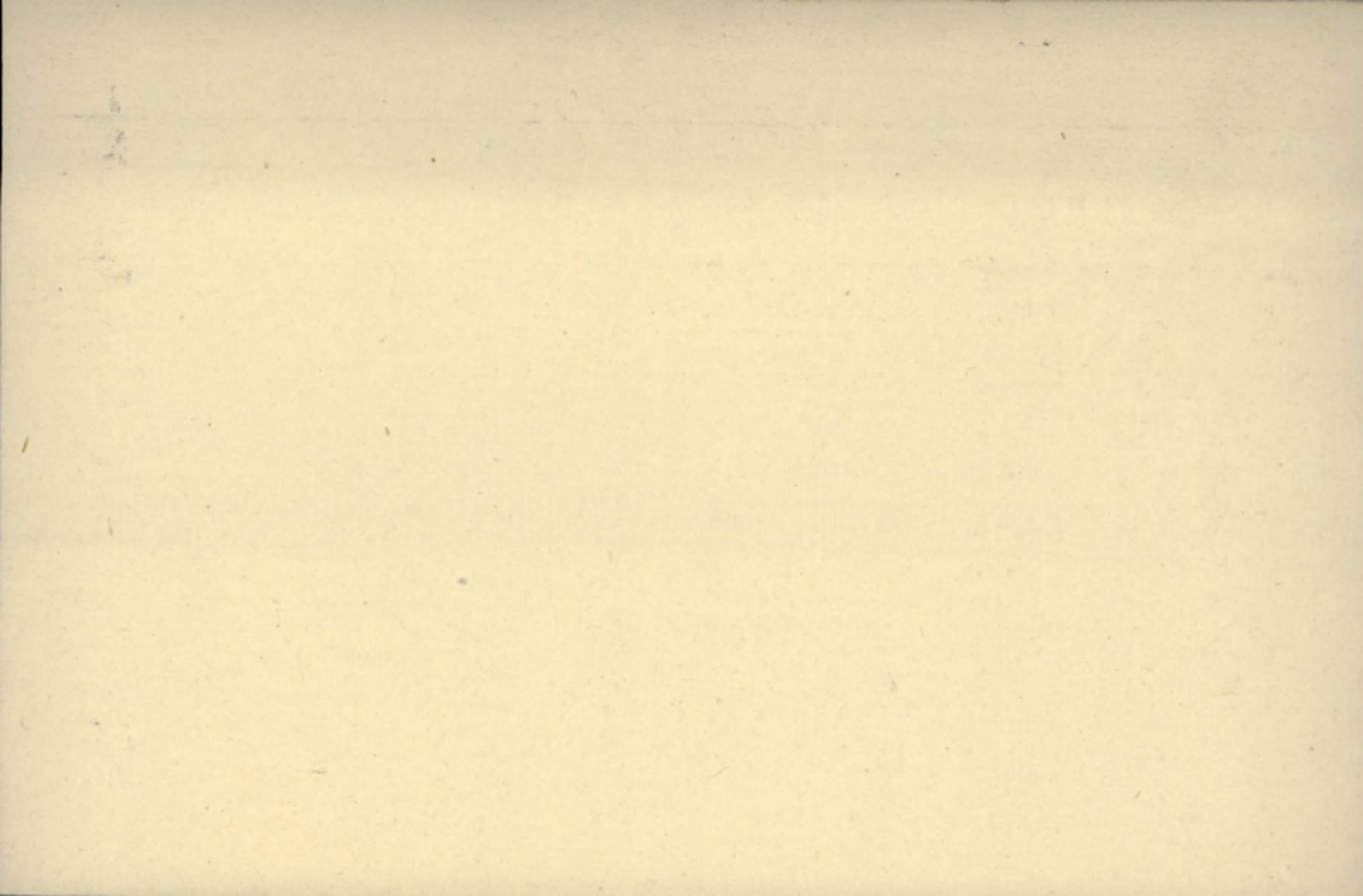
T. O. S.

UNIT

*35th Battalion*M. D. *2*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915.</i> <i>Apr. 1</i>	<i>1915-</i> <i>Apr. 30</i> <i>May</i>	 ✓ ✓		

UNIT SAILED
OCT 1 6 1915



Name Adam G. Rank Pte

Reg. No. A4001

Unit 3rd Btn.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1915 19 8	1 Conv. Depot	Boulogne	W ^d	144	777	
22 8	Base Details			145		
24 11	13 Btn. Hep.	✓	Trench Feet set	223		
29 11	1 Conv. Depot.	"	"	226		
30 11	- Discharged to Base Details			228		

IMPORTANT.

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital—

- (a) See that all entries are properly and fully made, and signed.
- (b) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

2. Action by Officer Commanding Unit—

- (a) On admission of man to Hospital, forward M.H.S. to such Hospital at once.
- (b) On transfer to another Unit—to Officer Commanding such Unit.
- (c) On proceeding Overseas — return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)

REPORT

DISPOSAL OF ORIGINAL MEDICAL

HISTORY SHEETS

1. Authority Officer's Report

It has been found that all copies are
correctly and fully made and
signed
forwarded to Hospital to which
man is transferred. Immediate
action has been done. It is discharged
to Unit of Officer Commanding
the said Unit.

2. Authority Officer's Remarks

On admission of man to
Hospital forward M.H.S. to
such Hospital as order.

On discharge to another Unit to
Officer Commanding such Unit
it is to be proceeded Overseas -
return to Record Office
London without delay.

Authority Officer's Report (21/1/1914)

(972)
CARD NO. 279.
1st Div 25-5-19. Dated
FOLL. Do 15-5-19. 2d

SURNAME. Adam

CHRISTIAN NAMES George

REGL. NO. ⁴⁰ 4001 RANK Pte

UNIT 35th Batt. 1st Reinforcement Draft.

FORMER CORPS 10th Royal Grens

CHANGE OF ADDRESS

NAME
RELA
ADDR

Adam, Mrs Kate
Mother)
P.O. Box 98, New Toronto, Ont.
L. 14-10-17.

COUNTRY OF BIRTH Scotland, Glasgow DATE

PLACE OF ATTESTATION Toronto, Ont., Can. DATE Apr 2, 1915

Sailed from Montreal by S.S. Metagama PC 22-5-19. 331/49 Pte

L. L. 90-89.-M. & D. 6312 4-6-15. 97

MARRIED

SINGLE

yes,

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION,

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Handwritten red ink marks and scribbles.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date.	Brief details, and signature.
June 1917	T.A. B. 2 Cahaymaid.
Nov 1917	Category B3
Immunized Bk. 27/3/18	Not fit. Bmipum Jnd... Capt
28 MAR 1918	
APPROVED	
23/4/19	Not fit. Adhamit Tom R. Haud. 15th O. ... Capt.

Table IV.—Service Table.

Station or Troopship.	Date of arrival or embarkation.	Date of departure or disembarkation.	Station or Troopship.	Date of arrival or embarkation.	Date of departure or disembarkation.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname A D A M. Christian Name George

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Glasgow. County Scotland.

Examined ... on 5th day of April 1915, at Toronto.

Declared Age ... 19 years ... days.

Trade or Occupation ... Machinist

Height ... 5 feet 8½ inches.

Weight ... 140 lbs.

Chest Measurement { Girth when fully Expanded 36½ inches. Range of Expansion 3 inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left Number 1

When Vaccinated ... Child

Vision ... { R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ...

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

Approved by (Signature) (Rank)

Medical Officer.

Enlisted ... at on ... day of ... 1915

Corps.	Regtl. No.
<u>B Coy. 35th Bn.</u>	<u>A4001</u>
	<u>#011001</u>

Became non-effective by ...

This Medical History Sheet has been compared on ... day of ... 1915

taken from the Attestation Paper (Signature) (Rank)

William Betty

Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office, in Charge of Records, Canadian Contingent.

22 DEC 1916

CANADIAN

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital.			Discharged from Hospital.			Disease.	Number of Days in Hospital.	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis; admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day.	Month.	Year.	Day.	Month.	Year.				
	30	4	18	18	5	18	Ingrowing toe-nail (L big toe)	19	Nails removed under anaesthetic. 15-5-18 Nail beds healthy. Discharged to repair Unit (Recommended 4 days leave)	W. Stone Lt. Col. D.M.S.



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

Group..... A
 Checked by No. 20
 Date 22 MAY 1919

WAR SERVICE BADGE CLASS A
 SERVICE GROUP 20 SHORT FORM.
 OCCUPATIONAL GROUP 13 (Demobilization.)
 M.D.2 Mathis Toronto Machinist
 PROCEEDINGS ON DISCHARGE.
 (M) B-2

1. No.	404001		Pres.
2. Rank.	Pte		War Service Badge
3. Name.	Adams George		Class 21220
4. Unit.	C.A. Pl. - C.A. Pl. 3rd Bn		
5. Date of Discharge	MAY 25 1919	Place	TORONTO, ONT.
6. Reason for Discharge	DEMOBILIZATION		
7. Authority.	No. 2, D.D., Part II, D.O. No. 150		
8. Proposed Residence after Discharge	New Toronto		
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.?		
	George Adams		Signature of Soldier.
10. CONFIRMATION.	The discharge of the above named man is hereby confirmed.		
	Place	TORONTO, ONT.	
	Date	MAY 25 1919	
	Signature	For O.C. No. 2 District Depot.	
		(O. C. Discharging Unit.)	

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 concurs

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.) *no*
 (" B) (Yes or No.) *yes B*
 (" C) (Yes or No.) *na*
 (" D) (Yes or No.) *no*
 (" E) (Yes or No.) *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.)

Boarded for return to Canada.
Auth a-3. 7. 9083 11/11/18.

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.

PLACE *3 Berners St London* *Dr. J. M. ...* President.
Capt. ...
 DATE *22/4/19* 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.

PLACE _____ President.
 DATE _____ Members

APPROVED BY *J. O. Scarborough*
 Assistant Director of Medical Services.
 Captain, C.A.M.C.
 for A. DAVIS, Canadians, London Area.

APPROVED BY _____
 ASSISTANT DIRECTOR OF
 Director-General of Medical Services.
 CANADIAN FORCES AREA.
 DATE *APR 28 1919*
 13 BERNERS ST. LONDON, W.1

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

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 initialed 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.

3 SOUTHAMPTON ST. LONDON. DATE *APR 17 1919*
 GEN. DEPOT STATION. *SEAFOORD*

1. 1 (a) Unit *SEAFOORD* (b) Regimental No. *424001* (c) Rank *PTE.*
 (d) Surname *ADAM* (e) Christian name *GEORGE*
 (f) Home address *NEW TORONTO, ONT.*
 (g) Next of Kin *MRS. KATE ADAM* (h) Relationship *MOTHER*
 (i) Address of Next of Kin *SAME AS I(f).*

2. Age last birthday *23 YRS.* Date of birth *DEC 16 1895*
 3. Enlistment, or Appointment (if an Officer) (a) Place *TORONTO* (b) Date *APR 6 1915*

4. Personal description:
 (a) Height *5' 8"* (b) Weight *146 LBS.* (c) Complexion *FAIR.*
 (d) Colour of hair *BROWN.* (e) Colour of eyes *BROWN.* (f) Identification marks, Scars, etc. *SCAR DORSUM RIGHT ARM.*

5. Former trade or occupation *MACHINIST.*

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
	<i>4 YRS.</i>	<i>12 DAYS</i>

MAN'S STATEMENT	PERIODS	
	From	To
	Canada	<i>APR 5 1915 - JUNE 4 1915</i>
	England	<i>JUNE 4 1915 - JULY 15 1915</i> <i>FEB 12 1916 TO DATE</i>
France or other theatres of War	<i>JULY 15 1915</i>	<i>FEB 12 1916</i>

7. Original disease, or injury *(A) TRENCH FEET.*
(B) INCISED WOUND RIGHT HAND.

(a) Date of origin *(A) NOV 1915 (B) FEB 1917* (b) Place of origin *(A) FRANCE (B) ENGLAND.*
 (c) Cause *(A) ACTIVE SERVICE CONDITIONS.*
(B) ACCIDENTAL CUT WITH KNIFE.

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.)

(A) (FLAT FEET) - SLIGHT WEAKNESS OF ARCHES OF BOTH FEET

(B) (SLIGHTLY ADHERENT SCAR RIGHT HAND) - PARTIAL LOSS OF FUNCTION OF RIGHT MIDDLE FINGER.

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.)

(A) Both feet are of non-eyed subacute flat type. The arches are both so low that a pencil cannot be showed between arch and floor. Both are slightly tender to deep pressure. The heads of the metatarsal bones are lowered out of normal relation and 1st metatarsal bone is prominent & tender. Man can rise on toes lifting heels 2 1/2" from floor. The circulation in both feet is very poor. Skin is clammy and color poor. Both heels are practically cold and moist with perspiration. Man states he cannot walk more than a mile without arch supports. With supports in his shoes he can walk about two miles and a half.

(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... No Respiratory System... No Integumentary System... No
 Disturbances of Mentality... No Digestive System... No Muscular System... No
 Osseous and Joint Systems... No Any other general condition... No

(B). There is a scar on the dorsal part of the hand 1 1/2" in length. It is healthy in appearance and slightly adherent. It is just over the extensor tendon of middle finger. This finger cannot be fully extended. It is not painful. Man states he has not full use of it with fingers. Hope

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

(A). Man states he had trench foot in France in Feb 1916. Says he was in Hoop in France for 2 weeks. Since then says his feet have been flat and painful when walking. No Entry M.H.S.

(B). Man states he cut his hand accidentally in Feb 1917. Was attended by m.o. of Recrd office. Noticed immediately afterward that he had not full power of extension of middle finger. Has not altered at all since then. No Entry M.H.S.

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).)

Entry M.H.S. King Hoop Hoop 30-4-18 818-5-18. In growing toe nail - nail removed under an anesthetic. Rhipthegia in childhood good recovery. Slight wounds both thighs greatly - no disability.

(c) (Here give a description of wounds, scar, and deformities. No Entry M.H.S.)

As described under 9a. (B).

11.—(a) Did the disabling condition have its origin before enlistment? (a) No (B) No.

(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.)

(a) & (B) Does not apply.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) & (B) 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? (a) 4 (B) Permanent.

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

(A). Hoop Treatment in France 14 days - man's statement. No Entry M.H.S.
 (B) Sutures applied - man's statement - No Entry M.H.S.

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)

(a) & (B) No.

16. Can the former trade or occupation be resumed? (If not, briefly state why)

Yes

17. Recommendations

A. J. Bastedo Capt. Surgeon
 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, George 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

None

George Adam Pte. Rank.
 Signature of invalid examined.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 191_____

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened as compared with that of a man of his age and physique in the general market for unskilled labour?

15. THE PERSONAL DISABILITY.—see Part I (3). Has the soldier any disability or condition of a disabling nature existing prior to his joining the Army?

16. Permanence of the Personal Disability.—What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?

(ii) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks.

19. Recommendation:—(a) Fit for duty? No (b) Fit for home duty? No (c) Invalid to Canada? No

Dated at _____ this _____ day of _____ 191_____

_____ President.

_____ Approved.

_____ Date of Board _____

_____ Signatures of the Board

_____ Date at _____

_____ 29/5/19 B3 (no 7) British

_____ 18/7/18 B3 (no 7) British

_____ 29/5/19 B3 (no 7) British

Reserved for M.H.C.

Regt. No. 404001 Rank Private Surname ADAM Christian Name George

Unit or Corps—(a) Overseas from United Kingdom 3rd Bn (b) In United Kingdom Genl Dept

Born at—Town Flaxton County or Province Lancashire Country Scotland

Date of Birth—Day 16 Month December Year 1895 Age 22 yrs 3 months

Joined at Toronto, Ont. Date 12/4/15

Former Trade or Occupation Machinist

Permanent marks or peculiarities that will serve for future identification:

Scar back of right hand
Right thigh

Height—feet 5 inches 9 Colour of eyes Brown

Signature of Soldier (for identification purposes) George Adam

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted.) (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.	Disabilities Group (a)	<u>FLAT FEET</u>
	Disabilities Group (b)	<u>NIL</u>
	Disabilities Group (c)	<u>NIL</u>

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>Trench Feet</u>	<u>France</u>	<u>1915</u>
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service?

- (i) As to Group (a) above? No If yes, has Active Service aggravated it? _____
- (ii) As to Group (b) above? _____ If yes, has Active Service aggravated it? _____
- (iii) As to Group (c) above? _____ If yes, has Active Service aggravated it? _____

4. Is the disability due to disease contracted or injuries received while on Active Service—

- (i) As to Group (a) above? Yes
- (ii) As to Group (b) above? _____
- (iii) As to Group (c) above? _____

5. If a cause of disability was an injury received on Active Service, was it received—

- (i) While on duty? *not applicable*
- (ii) While off duty? *not applicable*
- (iii) Was a Court of Inquiry held? *no*
- (iv) Where? *no*
- (v) When? *no*
- (vi) Opinion of the Court? *no*

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Diphtheria when 7 yrs. old. In France 1915. Had slight wound of both thighs in August 1915 but returned Britain in Sept. 1915. In Nov. '15 he developed Trench foot and evacuated with flat feet in Feb. 1916. Has been in Records Office London since. Complains of very painful and sweaty feet, and skin keeps coming off. Cannot walk more than a mile or so. Right hand swells when he uses it much had it hurt accidentally Feb. 1917. No disability.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Looks healthy young man. Chest and heart both apparently clear. Feet - both very sweaty, very flat, and very odorous. Left heel is gritty red and skin looks very thin. Cannot walk more than a mile or so. No other apparent disability.

8. OPERATION. (i) Was one performed? *no*

(ii) If so, state what.

(iii) Was one advised and declined? *no*

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i) Is there loss or decay of teeth attributable to Active Service? *no*

(ii) If so, describe.

10. DO YOU RECOMMEND:—

- (a) Fit for duty? *no*
- (b) Fit for base duty? *yes Bm not likely to be raised in 6 mos*
- (c) Invalid to Canada? *no*
- (d) Discharge from the Service as permanently unfit? *no*

Date of Report *24/3/18* 1918

Signed *Wm. H. ...*

Station *Sherndcliffe*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

Dated at *Sherndcliffe* Station, on *29-3-18* 1918

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it. *Yes*

12. Is the cause of the disability fully indicated in Part I. (2)?

If not, indicate it. *Yes*

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier { Caused? *no* Aggravated? *no* } (b) Misconduct of the Soldier { Caused? *no* Aggravated? *no* }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%). *not applicable*

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate. What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/8, 2/8, 3/8, 4/8, or all.) *not applicable*

16. Permanency of the Pensionable Disability estimated next above in (15).

(i) Is it permanent?

(ii) If not permanent, what is its probable minimum duration (in months)? *not applicable*

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *not applicable*

18. Remarks.

19. Recommendation:—(a) Fit for duty? *no*

(b) Fit for base duty? *yes Bm not likely to be raised in 6 mos*

(c) Invalid to Canada? *no*

(d) Discharge from service as permanently unfit? *no*

Classification for the Military Hospitals Commission.

Date of Board *27/3/18*

Station *Sherndcliffe*

Signatures of the Board.

Wm. H. ... President.
Wm. H. ... Capt.

Approved

A.D.M.S.

Dated at *Sherndcliffe*

Station

28 MAR 1918

191

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for unskilled labour?

THE PENSIONABLE DISABILITY.—(a) Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.

16. Permanency of the Pensionable Disability estimated next above in (14) is due to causes arising during Active Service?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks

12. Recommendation:—(a) Fit for duty? (b) Fit for base duty? (c) Invalid to Canada? (d) Discharge from service as permanent? (e) Discharge from service as permanent?

Dated at this day of 191. Signatures of the Board. President.

Reserved for M.H.C.

Regt. No. 404001 Rank Pte. Surname ADAM Christian Name GEORGE

Unit or Corps—(a) Overseas from United Kingdom 3rd Bn (b) In United Kingdom Gen. Depot

Born at—Town Glasgow County or Province Lanarkshire Country Scotland

Date of Birth—Day 16 Month December Year 1895 Age 22 yrs 3 months

Joined at Toronto Ont Date 12-4-15

Former Trade or Occupation Machinist

Permanent marks or peculiarities that will serve for future identification: Scar back of right hand. Scar back of right forearm. Scar right thigh.

Height—feet 5 inches 9 Colour of eyes Brown

Signature of Soldier (for identification purposes) George Adam

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Table with 2 columns: Disabilities Group (a), (b), (c) and corresponding descriptions: FLAT FEET, NIL, NIL.

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

Table with 3 columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Row 1: FRENCH FEET, FRANCE, 1915.

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service? (i) As to Group (a) above? No. (ii) As to Group (b) above? (iii) As to Group (c) above?

4. Is the disability due to disease contracted or injuries received while on Active Service— (i) As to Group (a) above? Yes. (ii) As to Group (b) above? (iii) As to Group (c) above?

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? **Not app.** (ii.) While off duty? **Not app.**

(iii.) Was a Court of Inquiry held? **---** (iv.) Where? **---** (v.) When? **---**

(vi.) Opinion of the Court? **---**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Diphtheria when 7 years old. In France 7 mos. Had slight wound of both thighs in August 1915, but returned to Unit in Sept 1915. In Nov. 1915 he developed Trench Feet & evacuated with Flat feet in Feb. 1916. Has been in Records Office London since. Complains of very painful & sweaty feet & skin keeps coming off. Cannot walk more than a mile or so. Right hand swells when he uses it much- had it hurt accidentally Feb. 1917. No disability.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Looks healthy young man. Chest & heart both apparently clear. **FITTY.** Feet- both very sweaty. Very flat & very odorous. Left heel is quite red & skin looks very thin. Cannot walk more than a mile or so. No other apparent disability.

8. OPERATION. (i.) Was one performed? **No.**

(ii.) If so, state what. **---**

(iii.) Was one advised and declined? **No.**

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? **No.**

(ii.) If so, describe. **---**

10. DO YOU RECOMMEND:—

(a) Fit for duty? **No.**

(b) Fit for base duty? **Yes. B III. Not likely to be raised in 6 mos.**

(c) Invalid to Canada? **No.**

(d) Discharge from the Service as permanently unfit? **No.**

Date of Report **27th. March 1918.**

Signed **[Signature]** Officer in medical charge of case

Station **Somerset Barracks, Shorncliffe.**

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

[Signature] Surgeon Capt

Officer i/c Hospital } Strike out one S.M.O. } Brigade } of these.

Dated at **Shorncliffe** Station, on **29 3 - 1918**

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it.

Yes.

12. Is the cause of the disability fully indicated in Part I. (2)?

If not, indicate it.

Yes.

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier (b) Misconduct of the Soldier

Caused? **No.** Aggravated? **No.** Caused? **No.** Aggravated? **No.**

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

Not applicable.

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/2, 2/3, 3/4, or all.)

Not applicable.

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

(ii.) If not permanent, what is its probable minimum duration (in months)?

Not applicable.

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

Not applicable.

18. Remarks.

19. Recommendation:—(a) Fit for duty?

No.

(b) Fit for base duty? **Yes. B III. Not likely to be raised in 6 mos.**

(c) Invalid to Canada? **No.**

(d) Discharge from service as permanently unfit? **No.**

Classification for the Military Hospitals Commission.

Date of Board **27th. March 1918.**

Signatures of the Board.

[Signatures]

Station **Somerset Barracks, Shorncliffe.**

Approved

A.D.M.S.

Dated at **[Signature]** Station

Station

28 MAR 1918

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