

NAME

ADAM

THOMAS

REGT. NO.

2303975

UNIT

U.S. #7

H. Q.

FILE NO.

1108

H

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DATE RECEIVED

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BY WHOM FORWARDED

DATE FORWARDED

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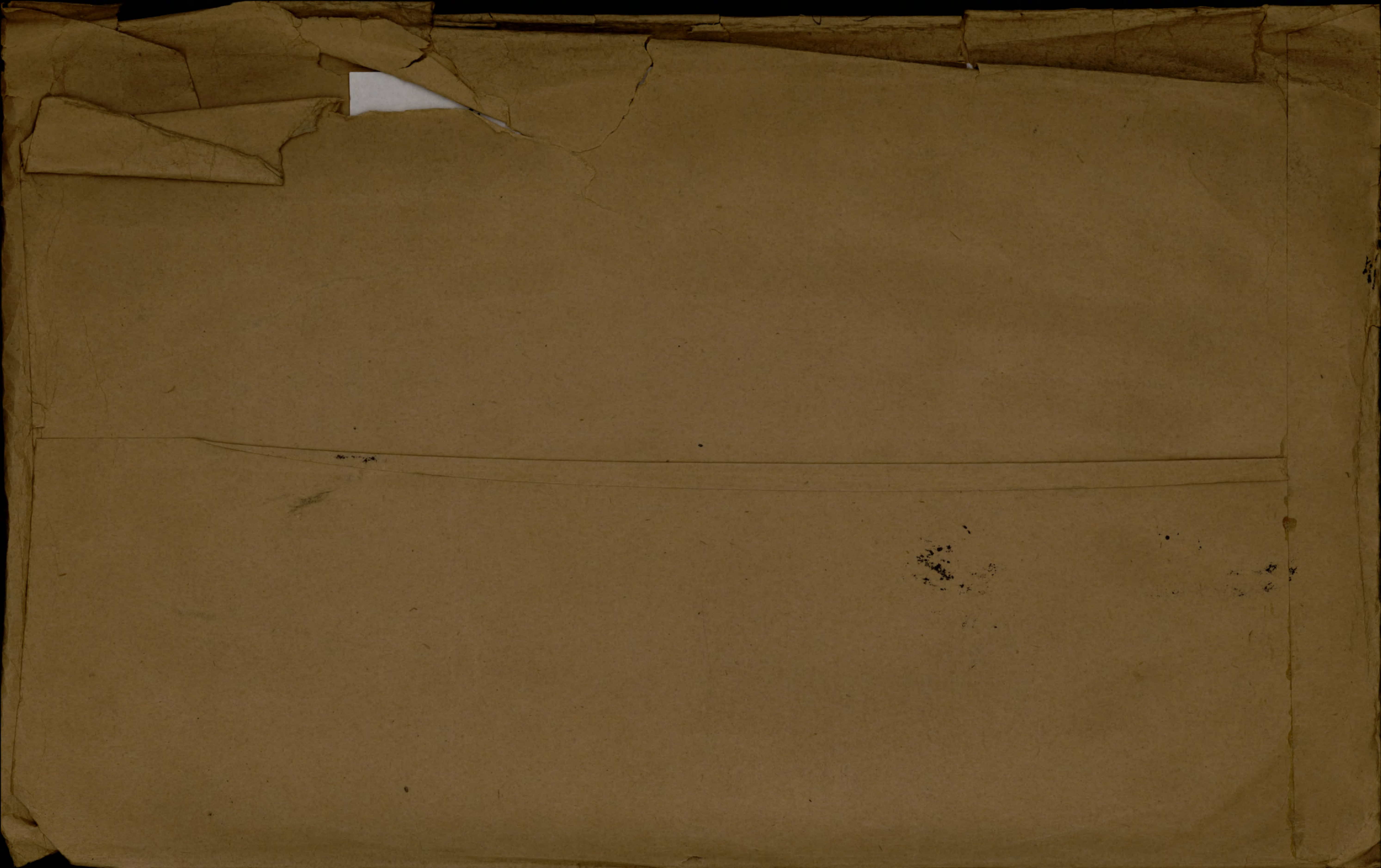
DISCHARGE

Category

Remob

DESERTION

mcg 28/2/22



ATTESTATION PAPER.

No. 2303975

Folio. 1

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname?..... Adam
- 1a. What are your Christian names?..... Thomas Hugh
- 1b. What is your present address?..... Norton, N.B.
- 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?..... Annie Adam
- 4. What is the address of your next-of-kin?..... Norton, N. B.
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... 7 November, 1895
- 6. What is your Trade or Calling?..... Laborer
- 7. Are you married?..... Yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability?..... ---
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. Yes 26 Batt. C.E.F.
- 16. If so, what was the reason?..... Too short

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas 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.

Thomas Adam (Signature of Recruit)

Date 29 May 1917. R. E. Lockhart (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas 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.

Thomas Adam (Signature of Recruit)

Date 29 May 1917. R. E. Lockhart (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 Sussex this 29 day of May 1917

Frank H. Brown (Signature of Justice)

Description of Thomas ^{Pugh} Adam on Enlistment.

Apparent Age.....21 years.....6 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 1 1/2 ins.

Chest measurement { Girth when fully expanded.....33 ins.
 Range of expansion.....35 ins.

Eyes
RD-20
LD-30

Complexion.....Fresh

Hearing good

Eyes.....Grey

Hair.....Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....29 May.....1917.

J. J. Fawcett
 Medical Officer.

Place.....Sussex W.B.

*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.

.....Thomas ^{Pugh} 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.

C. L. Fawcett (Signature of Officer)
Major

Date.....29 May.....1917

OC # 2 W.B. Fawcett C. C. S. F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2303975 (Rank) Pte.

Name (in full) Adam, Thomas Hugh enlisted in

the 2nd N.B. For. Coy.

CANADIAN EXPEDITIONARY FORCE at Sussex, on the 29

day of May 1917

HE served in Canada England France

and is now discharged from the service by reason of Remobilization

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

Age 21 yrs. 6 mths Marks or Scars Nil

Height 5' 11"

Complexion Fresh

Eyes Grey

Hair D. Brown

T. P. Adam

Signature of Soldier

R. W. G. Coft
Issuing Officer

DISPERSAL STATION, ST. JOHN, N. B. FOR
O. C. DISTRICT DEPT #7
Rank

Date of Discharge March 8th 1919.

Appointment

Signed at St John N.B. this 8th day of March 1919

in Military District No. 7

File Reference No. _____

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

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

CLASS "A"
WAR SERVICE BADGE
NO. 79173 Issued

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units *No*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *No*
20. Have you been issued with a War Service Badge? If so, what class? *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 *Not Applicable*
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? *Not Applicable*
24. Are you now serving in the C.E.F. *No* If not, give:—(a) Date of discharge
March 4th 1919 (b) Reason for discharge *Demobilization*
Authority R.O. 1420
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. *No*
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*
44th Battalion 25-8-18 to 28-10-18
France
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? *Not Applicable*

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: *J. P. Adam,*

Place of Residence: *G.P.O. Gallowgate Glasgow Scotland*

Declared before me at: *St John N.B.*

This *7th*

day of *March*

19*17*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. *J. Kennerly Capt.*

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

649A 9397

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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 *Thomas Hugh* 2. Surname *Adam*
3. Rank *Pte* 4. Original Unit *2nd Bn Toronto* 5. Reg. No. *2303973*
6. Address, in full, to which future payments of gratuity are to be forwarded
General Post Office, Allowgate, Glasgow, Scotland
7. Date of enlistment in the C.E.F. *May 29th 1917*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Annie Adam*
9. Relationship of such dependent *Wife*
10. Address, in full, of such dependent *General Post Office, Allowgate, Glasgow, Scotland*
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:—
44th Battalion 25-8-18 to 28-10-18 France
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 *29-5-17 to 7-3-19*
N.B. Toronto 29-5-17 to 4-6-18 Canada England
13th Reserve 4-6-18 to 25-8-18 England 44th Bn
25-8-18 to 28-10-18 France 13th Res 28-10-18 to 7-2-19 Eng
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*

NEW BRUN. REGT.

ANK NBRD 070288 d/5/18

1263886

LTR Rank Name ADAMS, Thomas Pugh Reg'l No. 2303975
 Unit New Bruns Forest Dft To Base Depot If in perm. Corps, What Unit? Married or Single Married
 Place and Date of Enlistment Sussex, 29th May, 1917. Place of Birth Glasgow, Scotland.
 Name and Address, Next-of-Kin Annie Adam Norton, N.B. Relationship Wife.

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England		15-9-17	S/S Megantic
18.9.17	C.F.C.B.D.	T.O.S. from Canada	Pte Sdale	15.9.17	Pt II 123
8/11/17	"	S.O.S. Posted to 51 Dist	"	8/11/17	" 167 (10.5-51 Dist)
28 5/18	"	T.O.S. from 51 Dist	"	22 5/18	" 127 (51 Dist C.F.C.)
3.6.18	"	S.O.S. on Tran to 13 Res Bn	"	3.6.18	138 & 130-13 Res. 4 6/18
30.8.18	13 Res	S.O.S. to 44 Bn	Bahatt	29 8/18	205 & 101 HH th Bn 2/11/18
4 11 18	NBRD	Trans on posting from 44 Bn	"	28 10/18	Pt 0261 + 140-44 Bn-14 4/18
29 10 18	44 Bn	Wounded	Field	21.10.18	CL 7357
5.12.18	NBRD	Reg No of the soldier changed to read - 1263886	Pte Wobley		Pt 0 288
21.12.18	"	S.O.S. to 13 Res Bn	Pte	11-12-18	302 & 298-13 Res-18 12/18

W/B

275

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.				
31. 1. 19	13 th Res.	Overstaying pass (15 days 15 hrs) Awarded 21 days P.P. #2 * forfeits 16 days pay by P.A. Reg.	Pt. Willey	13. 1. 19	Pt. # O. 24
7. 2. 19	Lt. W B Rept W B Rept	S.O.S. to M.D. 4, S.O. Rhyf, pending return to Canada	Pt. Ripon	7. 2. 19	Pt. # O. 30 Obs. number 28/2/19 may. 39-7 MDC Wing, 8/2/19
3-10-19	OMFC Personnel	SOS to Canada SL 23	Pt London	22. 2. 19	A.O. 3

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
	<u>2303975</u>	<u>Pte.</u>	<u>Adam</u>	<u>T. P.</u>
Year	Unit.	Age.	Service.	
	<u>44th Inftry.</u>			

Station and Date.	Disease
	<u>G.S.W. Forearm (TR)</u>

22.11.18 Transferred to Etchingham

constant

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

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..... *2. W.B. Forestry Co C.E.F.*

.....

(2) Regimental Number..... *2303975*

(3) Full Name of Soldier..... *Thomas ^{Lugh} Adam*

.....

(4) Place of Birth..... *Glasgow*
Scotland

.....

(5) Are you married, or not?..... *Yes*

(6) If married, state,
(a) Full name of your wife..... *Annie Adam*

..... *Norton W.B.*

(b) Present Postal Address..... *Norton*
W.B.

.....

(7) Are you a widower?..... *No*

(8) Have you any children?..... *Yes One*

If so, give number of boys and girls..... *1 Boy*

Also their names and ages..... *Floyd — 1 year 4 Mos.*

.....

.....

.....

.....

(9) Is your Father alive?..... No

If so, state name and address

(10) Is your Mother alive?..... No

If so, state name and address.....

(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.

Yes

(15) Are you insured?..... No

If so, in what Company?.....

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

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

C. L. Farington Major
Officer Commanding.

Date 29 May 1917

OC # 2. WB Forestry Co C. & F.

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 2303975 ~~1263886~~ Rank Pte. Name Adam J.P.
(Surname first)
Unit who was* Wise
On 8-3-19 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-3-19 to 8-3-19 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....	36 61	
Regimental Pay..... 8 days at \$ 1.00 c.....		8 00
Field Allowance..... 8 days at \$.10 c.....		8 80
Separation Allowance.....		8 00
Clothing Allowance.....		35 00
Post Discharge Pay.....		100 00
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No. <u>Pd. by Ottawa</u>	45 00	
*Other Charges <u>S.A. on 1st Pay W. 11 1/2</u>	30 00	
Balance on transfer or on discharge, cheque No. <u>11362</u>	40 19	
Total	<u>157 80</u>	<u>157 80</u>

*Give particulars.

A monthly stoppage of \$ 15 00 (†) has been paid (‡) been paid on account of
Assigned Pay for the month of March 191..... }
and Separation Allee. for month of March 1-8 191..... } (to) Assignee Mrs. A. Adams,
Norton Kings Co. N.B.
(Address)

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment..... married or single married
(2) Separation Allowance, entitled or not Yes (3) Reason for discharge Went
(4) Authority for discharge or transfer W.O. #7

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 7-3-19

Place St. John

C. J. [Signature] Captain
Paymaster District Depot No. 7
Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
- (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
- (C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
- (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

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 ADAM Surname Thomas Pugh.

Unit or Corps 13th Canadian Reserve Bn. (If a soldier) Regtl. No. 2303975.

Born at Glasgow, Scotland. on, date 7th November, 1895.

Signature (for identification) T.P. Adam

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. none.

Weight 130 lbs. Height 5 ft 2 ins.

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? 77 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? no

7. DIGESTIVE SYSTEM? no

8. GENITO-URINARY SYSTEM? Urinalysis—s.g.? 1019 Reaction? acid Albumen? none Sugar? none

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

STANDING MEDICAL BOARDS M. D. No. 7. MAR 7 1919

11. Opinion as to the health and physical condition of the one examined? fit ST. JOHN. N. B.

Examined at Repson Signed W.H. Willson Coph M.O. Date 3 - FEB 1910 Signed W.H. Willson Coph M.O.

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

Examination upon the ...

General ...

[Faint handwritten text]

[Faint handwritten text]

[Faint handwritten text]

130
4

[Faint handwritten text]

[Faint handwritten text]

[Faint handwritten text]

[Faint handwritten text]

[Faint handwritten text]

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[Faint handwritten text]

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[Faint handwritten text]

[Faint handwritten text]

[Faint handwritten text]

[Faint handwritten text]

TABLE II.—Only for admissions to Hospital or to the Sick List in 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				
2/1st. Southern General Hospital, Dudley Road, Birmingham.	28	10	18	4	11	18	G.S.W. at Forearm	7	Trans. to Princess Patricia's Canadian Hospital Bexhill-on-Sea	W. Mac Major R.A.M.C.
Princess Patricia Canadian Red Cross Hospital, Cooden Camp, Bexhill,	4	11	18	22	11	18	V.D.S. ?	18	Transferred to Etchingham	W. B. ...

MEDICAL HISTORICAL SHEET

Surname

Adam

Christian Name

Thomas Pugh PO.

Examined on 29 day of May 1917 at Sussex N.B.

Approved by

Jam Tuley

Place of birth City or Town Glasgow County Scotland

Rank

M.O.

Apparent age 21 years

Date 20.9.17 a

Trade or occupation Laborer

EXAMINED FOR RE-ENGAGEMENT M.O. NOV 1918

Height 5 feet 1 1/2 Inches

22/4/18 H.I. G. H. W. L. W. M. C. M.O.

Weight 120 lbs.

M.O.

Chest measurement Minimum 33 inches Maximum expansion 35 inches

M.O.

M.O.

Physical development medium

M.O.

Small-pox Marks none

M.O.

Vaccination Marks Arm Right Left 1 Number 1

Date Result VACCINATIONS

When Vaccinated last in childhood

5/6/17 S Jam Tuley M.O.

(a) Marks indicating congenital peculiarities or previous disease none

M.O.

M.O.

(b) Slight defects but not sufficient to cause rejection none

Date Result ANTI-TYPHOID INOCULATIONS, ETC.

7/6/17 Jam Tuley M.O.

15/7/17 Jam Tuley M.O.

23/7/17 Jam Tuley M.O.

30/7/17 Jam Tuley M.O.

Enlisted on 29 day of May 1917 at Sussex N.B.

	CORPS	REG'T L NUMBER	HABITS	DATE
Joined on enlistment	R. N. B	2303975	/	29-5-17
Transferred to	Forestry Co 78 Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
Canadian Hospital Etchingham	11th 18	A	H.A. M. G. H. W. L. W. M. C. M.O.

CANADIAN

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.

Surname *Adam* Christian Name *Thomas* *1900*

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
		28	10	18	4	11	18	G.S.W. Youarm R	7	Flash W. Transferred to Princess Patricia's Camp; Hq. Bexhill on Sea.	<i>J. Murray</i> Capt. R.O.W.C.
Patricia Canadian Red Cross Hospital, Cooden Camp, Bexhill,		4	11	18							
CANADIAN HOSPITAL ETCHINGHILL, LYMNINGE.		22	11	18	9	12	18	G.S.W. R. Arm	18	Admitted 18 . No clinical symptoms of syphilis 14 years 23-11-18 neg. Non of V.D.G. treat G.C. neg. Discharge ged to unit.	<i>J. C. Mignault</i> Lieut. C.A.M.C.

211 SOUTH
DUDLEY ROAD, BIRMINGHAM.

Patricia Canadian Red Cross Hospital,
Cooden Camp, Bexhill,

CANADIAN HOSPITAL
ETCHINGHILL, LYMNINGE.

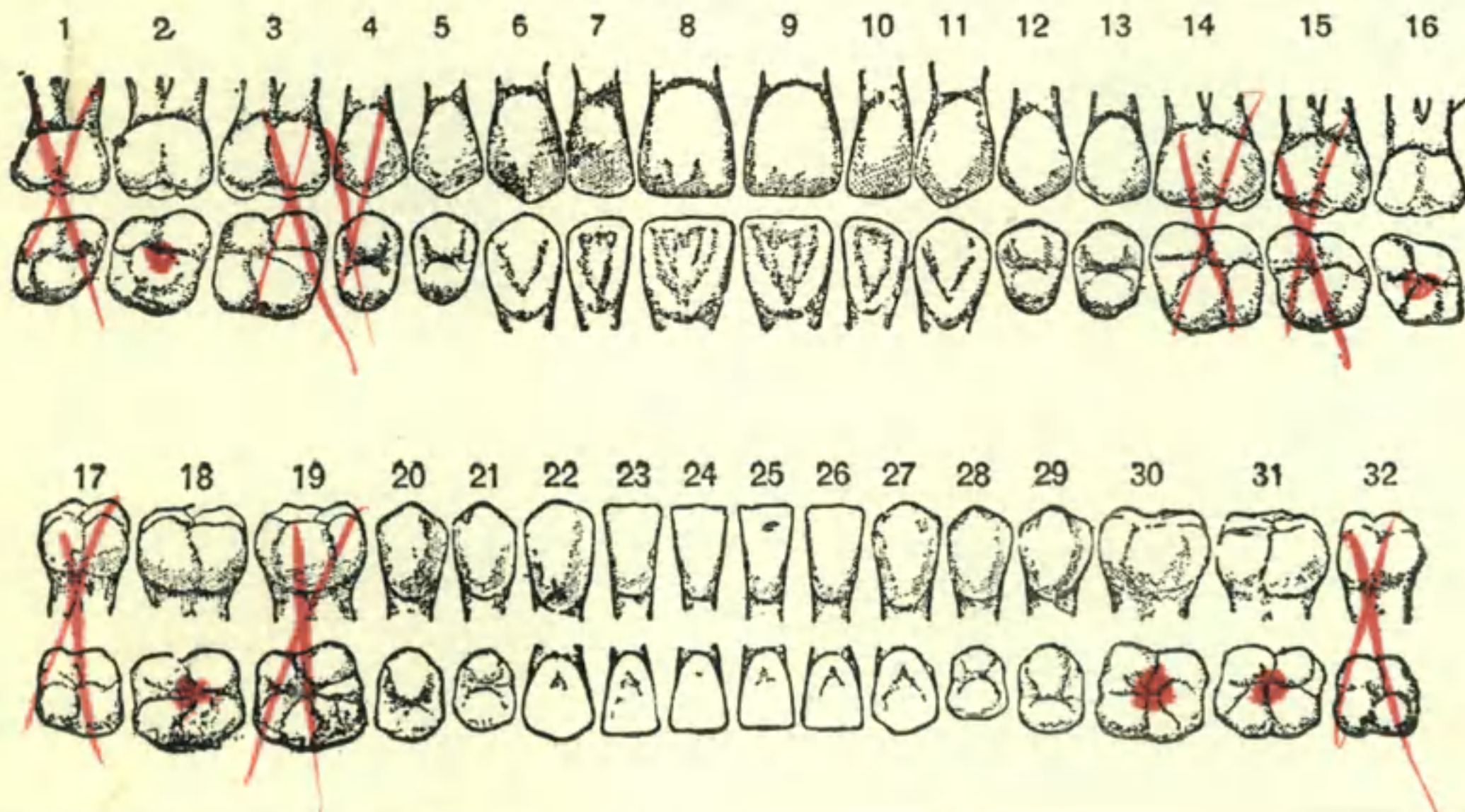
CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO
DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ADAM T.P.
REGIMENT 13 Res. Batt. MD 7 RANK Pte No. 2303975
Date of Examination in England 8 - FEB 1919 Date of Examination in France _____

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



PRESENT DENTAL REQUIREMENTS

- FILLINGS 6.12
- EXTRACTIONS 3.4
- CROWNS Mar 6-19 Examined for discharge incomplete
- DENTURES
 (a) Full Upper
 (b) Part Upper J.P. Adam
 (c) Full Lower
 (d) Part Lower

A. D. D. S.
 3709 FEB. 1919
 HEADQUARTERS:
 CANADIAN DIVISION.

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- In Canada
- In England Yes
- In France

Signature of Dental Officer R. Ross

STANDARD BANK LIMITED

1890

1890

XX

VI

•

X

•

•

X

•

8

1890

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. *2nd N. B. Forestry Co.*

Regimental No. *2203975* Rank. *Pvt.* Name. *Adam Thos. Pugh*
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				
<i>23-2-19</i>	<i>O. C. M. F. C.</i>	TAKEN ON STRENGTH PART II. ORDER No. 67	<i>Frederickton</i> <i>N. B.</i>		<i>Major, 2nd. ile</i> <i>For O. C. District Depot No. 7.</i>
<i>8-3-19</i>		STRUCK OFF STRENGTH PART II. ORDER No. 77	<i>Frederickton</i> <i>N. B.</i>		<i>Major, 2nd. ile</i> <i>For O. C. District Depot No. 7.</i>

(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.

ORIGINAL

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

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

500M.—9-16

H. Q. 1772-39 0.

Casualty Form—Active Service

Unit, Regiment or Corps *2nd M.B. Foresters*

Regimental No. *2303975* Rank *Private* Name *Adams Thomas Hugh*

Enlisted (a) *29-5-17* Terms of Service (a) *C.E.F. War* Service reckons from (a) *29-5-17*

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

Extended. Re-engaged. Qualification (b) *Labourer*

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				
<i>18</i> <i>29-5-17</i>	<i>B.R.</i>	<i>EMBARKED HAL'X- 5.9.17</i> <i>DISEMBARKED LIVER'L 15.9.17</i> <i>T.O.S. Base Depot, C.F.C. Sunningdale 15-9-17</i>	<i>Pt. II. D.O. 123</i>		
<i>8-11-17</i>	<i>O.C. CFC. S.O.S. BASE DEPOT CFC. SUNNINGDALE</i>	<i>on posting to Dist. 51. Coy. 129.</i>	<i>March</i>	<i>8-11-17</i>	<i>Pt. II. D.O. 167.</i> <i>Capt. for O.C. CFC.</i>
<i>15-11-17</i>	<i>O.C. 51 Dist Coy. on Posting from Base Depot.</i>	<i>T.O.S. 51 Dist Coy. 129</i>	<i>Navin</i>	<i>8-11-17</i>	<i>Pt. II. D.O. 138</i> <i>Capt. for O.C. CFC.</i>

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

[P.T.O.]

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				

30
29/5/18 OC 57 Dist. 6th S.O.S. on posting to Base Depot. Inverness 22/5/18 ²⁴ Pt II D.O. 23 Captain & Adjnt. for O.C. No. 51 District, Canadian Forestry Corps.

28.5.18 606 P.D. O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 28.5.18 Pt. II D.O. 127 on posting from 60129 Dist 51.

3
4.6.18 OC CSC S.O.S. BASE DEPOT C.F.C. SUNNINGDALE 3.6.18 PT. II. D.O. NO 130 on transfer to 13th Res. Bramshott for OC C.F.C.

4-6-18 OC 13th Res. Bn T.O.S. 13th Res. Bn on transfer from Can. For. Corps. Bramshott 4-6-18 B.O. 130, Pt 2.

29-8-18 S.O.S. 13th Res Bn S.O.S. 13th Reserve on proceeding O/S to 20th Battalion Bramshott 29-8-18 D.O. Pt. 2. 205. Capt. & Adjutant, 13th Canadian Reserve Battalion.

31.8.18 CIBD 20th to CCRC
2.9.18 CCRC 30th to unit
3.9.18 4th Bn
7.9.18 4th Bn
Field 31.8.18 NR 746 D.O. 107
2.9.18 NR 1368
NR 1372
4.9.18 NR 1547
5.9.18 B213

CAN. RECORDS, LONDON.
4 SEP 18

ASSIGNED PAY.

MILITIA AND DEFENCE

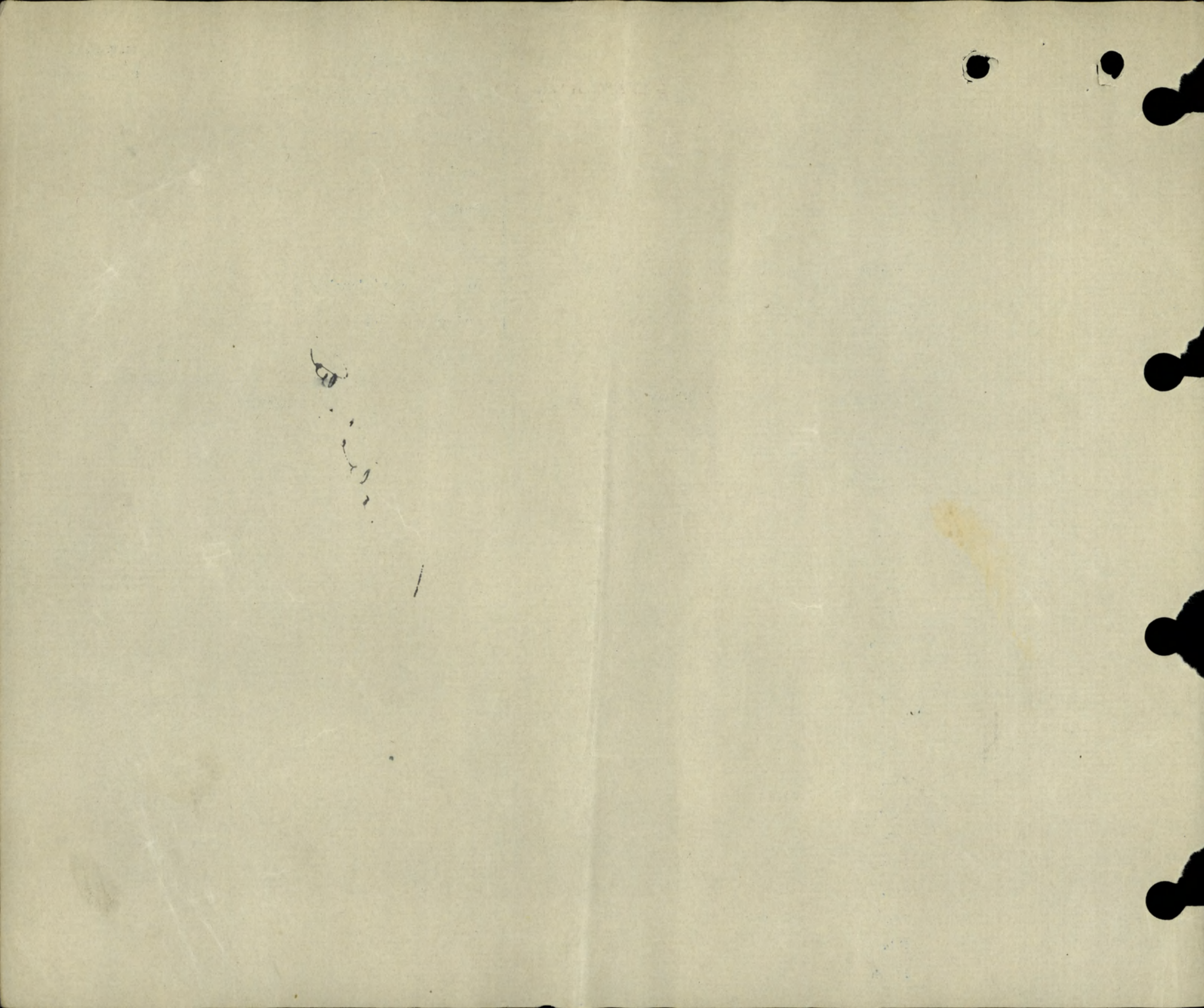
M. F. W. 11.
15m.—6-17.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name *M^{rs} Annie Adam (wife)* Name of Soldier *Adam Thomas*
 Address *Norton, Kings Coy. N.B.* Regtl. No. *2303975*
 Rank *Pte*
 Corps *#2 Fm Coy New Brunswick*
 Relation to Soldier *Rate 15⁰⁰* To what Corps belonging }
 wife, child or mother *SEP 1 1917* when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Consolidated</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



ASSIGNED PAY

Sheet No. 2

(Assignee)

Mrs
Annice Adams

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier

Adam Thomas

wife
Pte 2303975

#270 Co 2 B.

L. L. Job 19227—M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
			15 ⁰⁰	SEP 1 1917
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.	X	42648	15	OB 15 ⁰⁰
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Cancelled

MCC

+

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

D/E. 29-5-14

MILITIA AND DEFENCE

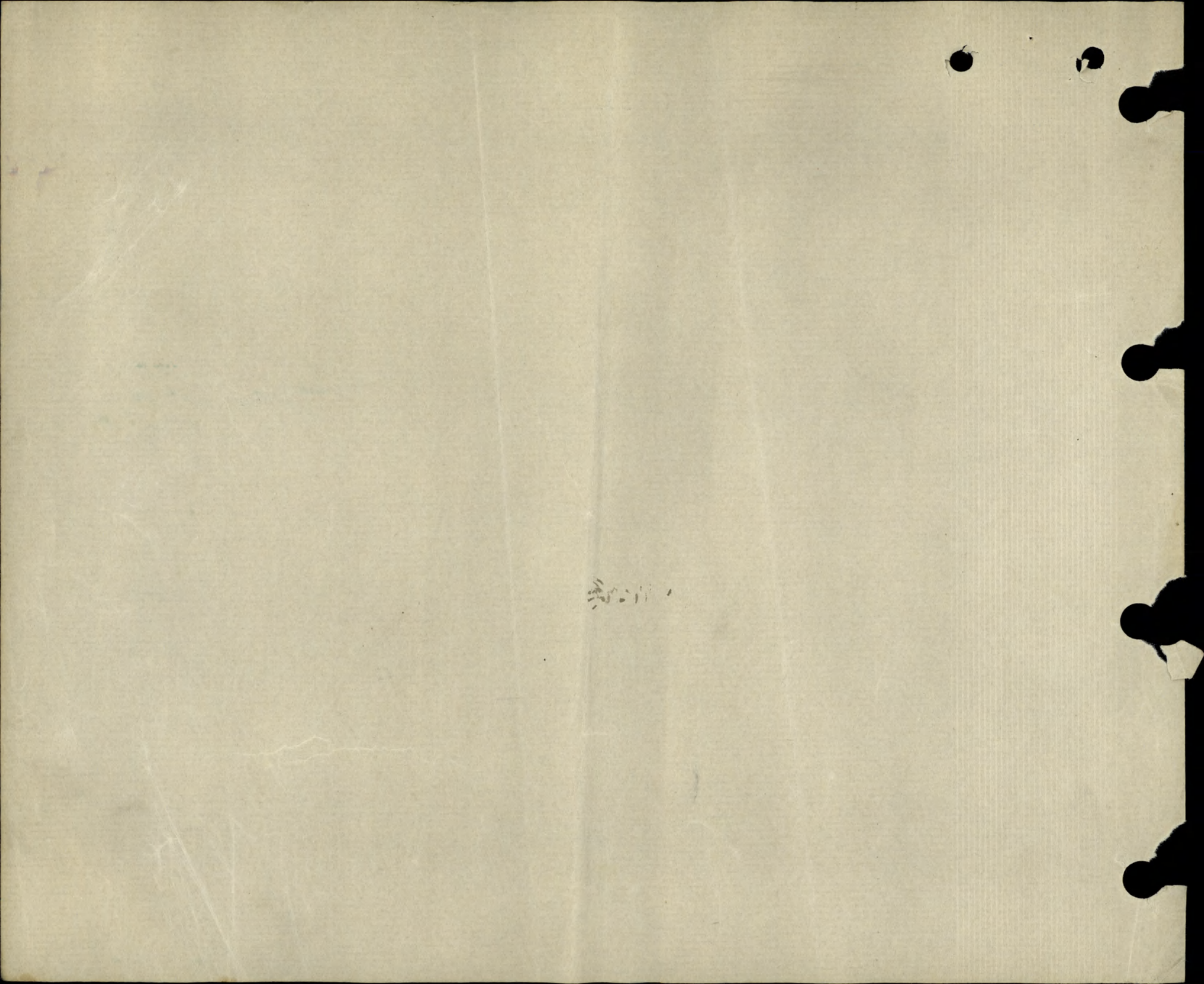
SEPARATION ALLOWANCE

Name	<u>Annie Adam</u>	Name of Soldier	<u>Adam Thomas</u>
Address	<u>Norton</u> <u>Kings Co</u> <u>R.B.</u>	Regtl. No.	<u>2303945</u>
Relation to Soldier	} <u>Wife</u>	Rank	<u>Pte</u>
wife, child or mother		Corps	<u># 2nd B. Forestry Co.</u>
		To what Corps belonging	} <input checked="" type="checkbox"/>
		when called out	

PAYMENTS

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





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

29-5-17

Separation and Assigned Pay Branch

A

322 Sept 1st 1917

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	30
1-12-17	1-9-18	

P.B. 3257. P.62753
M036920

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 2303975
 Rank P.te Promoted Reverted Discharge
 Soldier's Name Thomas Adam
 Battalion 2nd Forestry Co
 Beneficiary Annie Adam
 Relationship Wife
 Address Norton Kings Co N.B. M7W2554 2918

PARTICULARS OF ASSIGNMENT

Name Mrs Annie Adam
 Address Norton Kings Co N.B.
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 30-17		81.	15	96	
Oct	B 50318	20	15	35	
Nov.	B 52017	20	15	35	X
Dec	B 52611	20	15	35	S
Jan/18	B 64061	30	15	45	S
Feb	B 91297	25	15	40	
Mar	G 97521	25	15	40	✓
Apr	G 7298	25	15	40	6
May	F 10223	25	15	40	6
June	B 13172	25	15	40	6
July	Y 26119	25	15	40	✓ 6
AUG	F 28587	25	15	40	6
SEP	F 35181	25	15	40	6
OCT	F 41808	25	15	40	6
NOV	F 49914	25	15	40	6
DEC	F 62270	45	15	60	6
JAN	B 69386	30	15	45	6
FEB	F 76562	30	15	45	6
MAR	D 82361	30	15	45	6
		<u>556</u>	<u>255</u>		

099-T-24
(74688)

M7W2554 Ret'd OK. 19/11/18

A/c Closed 31/3/19
 Ret'd per Belgie
 Date 1/3/19 M.F.W. 187
 Clerk M.D. 7 J. Bolles

M. F. W. 128
 400M-6-17-1772-30-1141
 L. L. 2220-M. & D. 7893.



AUDITED.

D/E 29-5-17
MILITIA AND DEFENCE

M. F. W. 11a.
50m.-6-16.
1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. Annie Adams

Life
PAYMENTS.

Name of Soldier Adam Thomas

L. L. Job 4503.-Req. 6832.

Plt 2303945 # 2nd ^{XB} Infy Co

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		B11063	21	21 R
July		O10745	20	20 (D)
Aug.		1013808	20	m
Sept		1119237	20	Bo 81 ⁰⁰ ✓
Oct.			20	Bo
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

local

Name: *Adam Thomas Pugh* Rank: *Pvt* Regtl. No. *2303975*

Fyle Depot.....

Original unit *25th Bu B. B.* Present unit *S. O. S. P. 17* M. or S. Age *21* Religion *Pro* Ref. H. Q.

Port, ship and date of arrival *Haklay* *Belgic* *2-3-19*

Next of kin *Wife* *Adair* *Adam* *Porter & B.*

Address on leave.....

Address on discharge.....

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

Previous occupation *laborer* Date and place of enlistment *Wesley* *May 29/17*

Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
<i>23-2-19</i>	<i>T. O. S. A. referral Station C from Overseas</i>	<i>#5#67</i>
<i>8-3-19</i>	<i>S. O. S. on discharge</i>	<i>67#77</i>

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

Surname

Christian Name or Names

Reg. No.

ADAMS

T.P.

2303975

Rank

Unit

Pte.

Man . 44

N B .

Cas. List.

57 CCS

21-10-18.

29-10-18A357-2

GSW R. F'Arm. Rv.

1. 11. 18 B 335

L. G. Huddley Rd. B'ham. 28. 10. 18

12. 11. 18 B 344

P. P. Bexhill 4. 11. 18

30. 11. 18 B 360

C. S. Etchingill 23. 11. 18

G. S. W. R. F'Arm & R. D. S. E.

13-12-18 B371

Discharged 10-12-18

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

Name **ADAMS** *Thomas Hugh*
 Rank *He*
 Unit *44th Bn. (N.B.R)*
 Next of Kin *Canada*

Reg. No. *2303975*

407

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1918</i>						
<i>21-10-57</i>	<i>C.C. Sh.</i>	<i>Col. R. F. L.</i>	<i>do</i>	<i>17357</i>	<i>17357</i>	<i>38642</i>
<i>28-10-1st</i>	<i>Sh. G.H. Dudley Rd.</i>	<i>B. Ham.</i>	<i>do</i>	<i>B335</i>		<i>30423</i>
<i>11-11</i>	<i>P.P. to R. to</i>		<i>do</i>	<i>B344</i>		<i>346</i>
<i>23-11</i>	<i>do</i>	<i>8/Cherhill</i>	<i>do</i>	<i>42</i>	<i>B360</i>	<i>1884</i>
<i>10-12</i>	<i>Discharged</i>		<i>do</i>	<i>B371</i>		<i>335</i>
<i>11-10-12</i>	<i>NP same date</i>	<i>13. ban</i>	<i>Res Willey</i>		<i>Blk</i>	<i>189</i>

Dental Examination on Discharge

File No.....

Rank..... **Pte**..... Name..... **Adam T. P.**..... Regt. No. **2303975**.

Date of enlistment..... **29-5-17**..... Service, where..... **France**.....

If any dental treatment in army, where..... **England**.....

Discharge examination at..... **St John N. B.**..... Date..... **6-3-19**.....

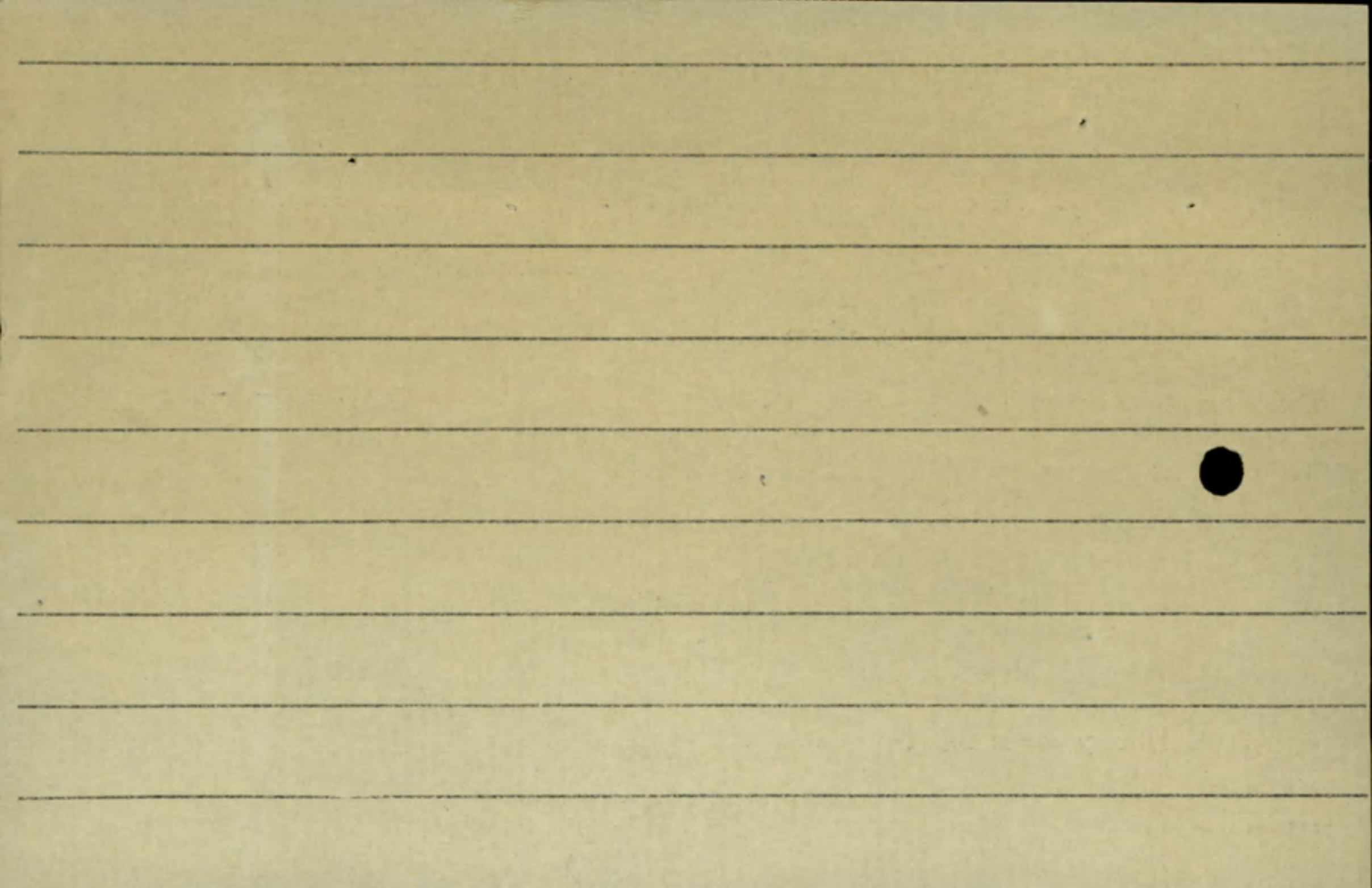
Treatment to be received..... **Cavities, 6 12**.....

Extract 4.....

At..... Examined by..... *A. W. Turner*..... **Lieut**.....

Above treatment completed by..... Date.....

Completed History Sheet File No.....



LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

B335	Sr 1 st South Gen. Perm	28.10.18	I see R.T. Arm
B344	P.P.R. Lopez: Berhiv	4-11-18	I see R.T. Arm
B360	Cun; Etchingill Springs	23-11-18	" " " " " 42
B371	Disk	10.12.18	" " " " " "

REGT'L. No. 2303975
H. Q. FILE NO 649

NAME Adam Thomas Pugh

RANK AND CORPS

Pte 44th Bn T. & A. Coy

FOLLOWS
No. CS. M. 10th C
FOLLOWS

CABLE

NO. DATE

NATURE OF CASUALTY

Noted Mrs. Annie Adam (wife) Norton, Dings & Albert Co.
N.B.

384
H 437 29-10-18
HL A357(2) 29-10-18

Adm. 57 lbs Oct. 21st /18
G.S.W. R. Arm

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

Presbyterian.

DESCRIPTION.

APPARENT AGE

21.

YEARS

6.

MONTHS

HEIGHT

5.

FEET

1 1/2.

INCHES

CHEST MEASUREMENT

33.

INCHES

EXPANSION

2.

INCHES

COMPLEXION

Fresh.

EYES

Grey.

HAIR

Dark Brown.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Sussex. N.B.

DATE

May. 29th. 1917.

Present Address. Norton. Kings & Albert Co. N.B.

SURNAME.

Adams

CARD NO.

7

CHRISTIAN NAMES

Thomas.

S.O.S. Dist. Numbr 8-3-19

REGL. No.

2303975

RANK

Pte.

FOLL.

Do. 77 of 18-3-19

UNIT

Forestry Coy. (M. Div.)

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Adams, Mrs. Annie.

RELATIONSHIP TO SOLDIER

Wife.

ADDRESS

Norton, Kings + Albert Co. N.B.

COUNTRY OF BIRTH

Scotland Glasgow.

DATE

Nov. 7th, 1895.

PLACE OF ATTESTATION

Sussex. N.B.

DATE

May 29th 1917.

*o/p 5-9-17 988
2*

*A/C 1-3-19 276
88.7.18*

No. 2303975-

RANK *pte*

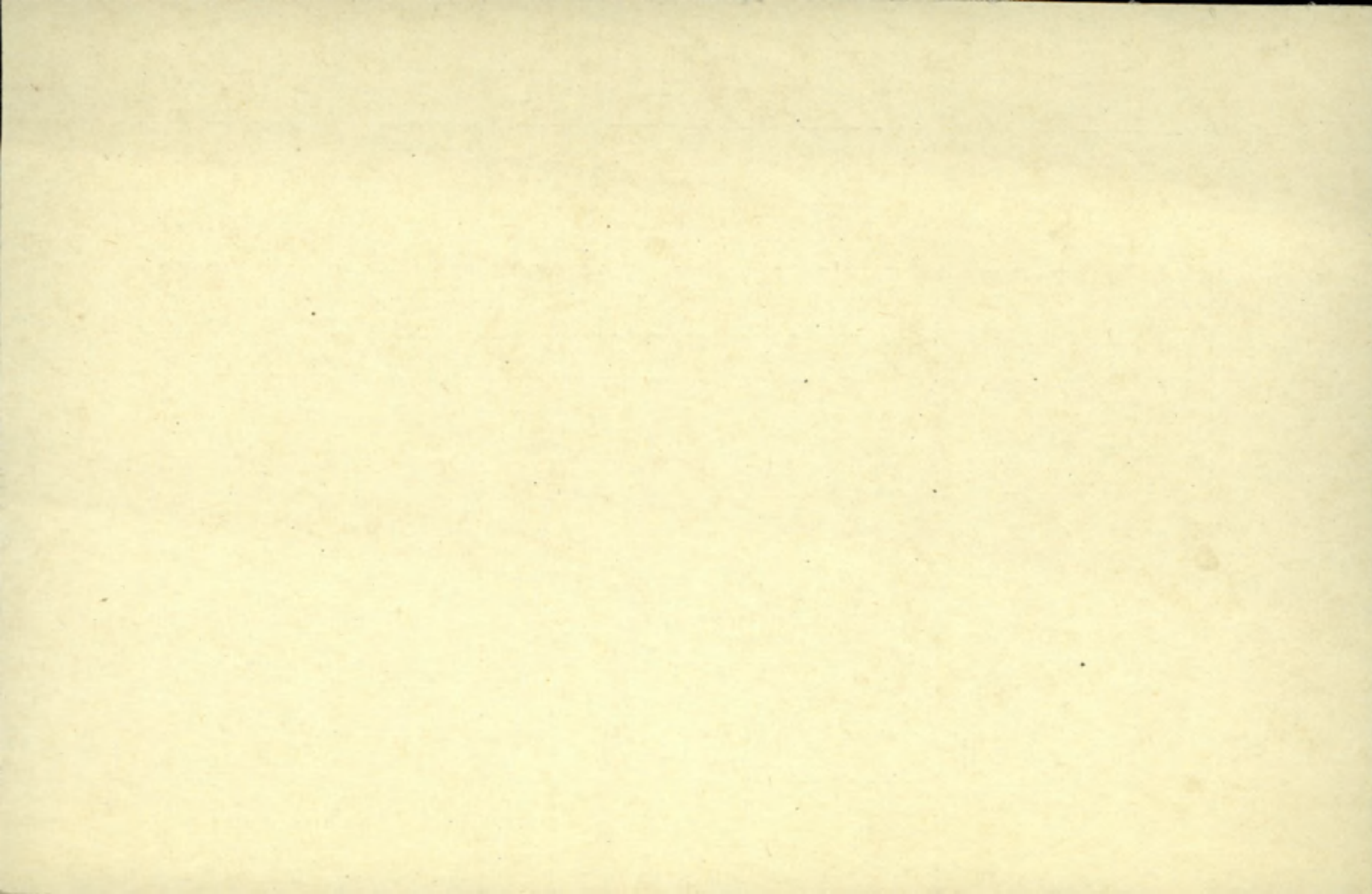
NAME *Adams J.*

T. O. S. 29-5-17
(Do 20 of 30-5-17)

UNIT no 2 new Brunswick Forestry 6 & 7

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917</i>			
<i>may 29</i>	<i>may 31</i>	<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug</i>		<i>✓</i>		
<i>Sept</i>	<i>no a/c</i>		<i>do & proc o/s 4-9-17</i>	<i>Do 104 of 5-9-17</i>



Princess Patricia Canadian Red Cross Hospital, A197
Coober Camp, Beakhill, HOSPITAL.



Local

Regt No. 2303975 AT. PL. OF ACTION Coober Camp Beakhill

RANK Pte REG. NO. UNIT 44th Bu Can SICK OR WOUNDED

NAME Adams M. AGE 20 RELIGION Pres

PLACE IN HOSPITAL DWT

DIAGNOSIS V.D.S.?

ADMITTED 22-11-18 FROM By New Disease Following

DISCHARGED TO

TRANSFERRED 22-11-18 Can Spec Hp Etchinghill

SERVICE AT HOME 18/12 IN FIELD (2/12) 14701

RESULTS

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

Princess Patricia Canadian Red Cross Hospital,

74201



Cooden Camp, Bexhill,

HOSPITAL.

AT.....
 Regl. 2303975
 A. & D. No. PL. OF ACTION *Nallacunnus*
 RANK *Pte* REG. NO. UNIT *44th Can Bn* SICK OR WOUNDED
 NAME *Adams J.P.* AGE *20* RELIGION *Pres*
 PLACE IN HOSPITAL *DW F*
 DIAGNOSIS *gsw Arm R.*
 ADMITTED *4-11-18* FROM *21st Stn Gen Birmingham*
 DISCHARGED *22-11-18*
 TRANSFERRED *22-11-18* *By new disease* *Supervising*
 SERVICE AT HOME *18/12* IN FIELD *2/2* *A197*
 RESULTS

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

REMARKS.

Labore

1263886.

NUMBER 2302976 RANK

NAME ADAM

Thomas Hugh

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov.	Brought Forward.								40 09		
Nov.	P.P.	33		C.A.P.				15			
Dec	✓	34 10		ad 1126. P.P.C.R.X.H. 6/11.	9 73						
				C.A.P.				15			
				at 2717. 19/12. 13 Res	38 93				96 29		
Jan	✓	34 10		C.A.P.				15	47 63		
		101 20			48 66			45			
Feb	✓	30 80		C.A.P.				15	63 43		
				MS 3120. 24/1 ✓	9 73				53 70		
				✓ 3198. 1/2 ✓	4 87				48 83		
				✓ 996. Kimmel 1/2. Endorsed.	4 87				43 96		
				21 dip FP. 2 + 10 dip Fed Owl 26 12/15 to	19 47						
		30 80		11/9 DO. 24. 2/31/19. 13 Res.	19 47	40 70		15	3 26		
22/2/19	<u>S.O.F. to Canada. Ind. 7. S.L. 23. 13th Res.</u>										

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	1/9/17	EFFECTIVE DATE:-	
AMOUNT:-	15 ⁰⁰	AMOUNT:-	

NAME:- ADAM Thomas Pugh. 19

NUMBER:- ~~2303975~~ 1263886 auth. P. 62 2/3-12-18

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.

Mrs Annie Adams (wife)
Norton, Kings Co. N.B. Can.
Stopped Eff 1/3/19.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- NB 7 Draft.

DATE ACCOUNT FIRST OPENED:- 1/9/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P O	UNIT TRANSFERRED TO
	1/6/18	19/6/18	C 70 Eng NB RD.
	1-9-18		44 An' E Canada

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
2/1/19	3120	13 Res.	973				
3/1/19	3121	13 Res. 21 days P. 102	2370				
4/2/19	3198	13 Res.	487				
			116 ⁶⁰				
			4070				
			530				

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

PARTICULARS OF RENDERING NON-EFFECTIVE: *Discharged to Canada 28/1/19. H. 2566 Ripon. 3/1/19. H. 7. Ripon. Ledger 6343.*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
3/13/18	Bal fwd								3006		
Apr	PP	33		CAP				15			
		33		AR 45 129 Co 15/4/18	1947			15	2859		
May	PP	3410		CAP				15			
		3410		AR 343 129 Co 16/5/18	1947			15	2822		
June	P. Pay	33		Can AP				15			
		33		AR 775 13.6.18 13 Res	973						
				903 28.6.	487						
				Q-55 22.5.18 No 129 For. Co	1516						
July		3410		C. A. P				15	3046		
		3410		AR 1022 12.7.18 13 Res	973						
				25.7.18 for work from default							
				Para 69 Pt. 24/9 Susan 207. 20 174 25/7/18 13 Res							
Aug		3410		CAP	973	770		15	3213		
		3410		Q-15 6/4.18. 13 Res	152			15			
				AR 1322 5.8.18	1703						
				Q-506 31.5.18 676 Dep	556						
				AR 1520 24.8.18 13 Res.	973						
Sep		3410		CAP	3364			15	1789		
		33		AR 738 Sep 6.18. 10. C. I. B.	357						
				AR 872 2/9/18 HH B.	357			15	2845		
Oct.		3410		CAP	714			15			
		3410		- 905 19/10. 10 E. D. B.	746			15	4009		

202

M.D. No. 7

64 Brussels St., St. John N.S., Halifax, N.S.

AUDITOR [Signature] PAYMASTER [Signature]

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

M. OR S. 1263886 (auth P 862 D-3-12-18)
 REGT. NO. 2203975 RANK Pte. NAME (IN FULL) Adam, T. P.
 (BLOCK LETTERS SURNAME FIRST) Belgium 1-3-19
 DATE EFFECTIVE 29-5-17
 ASSIGNED PAY 15.00 DATE EFFECTIVE no 19 19-1-19
 PAYABLE TO Mrs A. Adam, Wife
 ADDRESS 57 Woodmont Ave., N.B.
 STOP PAYMENT FORM RENDERED, DATE
 DISCHARGED St. John 8-3-19 Reason Demol. O.C. 77

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REG. MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT		CREDIT	
Feb					8.13		8.13															8.13		In Bal Enq & P.C. 25-2-19	
Feb											4.87	4.87	30.00							44.74	36.61			Det bal 25-2-19	
Mar	8	1.10	8.80	35.00	8.00		51.80	16	7	21	10	40.19	65.00	30.00		45.00			180.19	165.00				25.00 P.C. Paid by Ottawa St. John 1/3/19	
WAR SERVICE GRATUITY.																									
					122 days @ 1.10		280.00				120.00		400.00							135.00	130.00	165.00	145.00	90.00	122 days @ 1.10
																				88.00	88.00	144.12			Phone Voucher 1st 9th Dec
																				70.00	30.00	100.00	74.12	60.00	Ch. 391004-545, A.P.R. 7/4/19
																				74.12	30.00	104.12		30.00	Ch. 7786-7 A.P.R. 7/6/19 Ch. 874568 A.P.R. 7/6/19
																									Non-effective
							280.00	120.00	400.00											280.00	120.00	400.00			

BALANCE FROM PREVIOUS ACCOUNT

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron Battery Company	} Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
or Field Conduct Sheet		" W. 178	2 Proceedings on Discharge
Copies of Convictions, by C. P. in MS.		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.	
2 Med. Hist. Sheet,	Militia form B. 313		
2 Casualty Form	" W. 54		
/ Medical Report for Invalid § 1375	" 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.			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.



CLASS 'A'
WAR SERVICE BADGE
NO. 79173 Issued

This space to be for numbers.

Proceedings on Discharge.

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

No. 2303975	
Rank Pte.	
Surname Adam	
Christian name Thomas	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) D.D. 7	
Date of discharge March 8th 1919.	
Place of discharge St. John, N.B.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 21 years..... 6 months. Height..... 5 feet..... 1 1/2 inches. Complexion Fresh Eyes Grey Hair D. Brown Trade Laborer Intended place of residence Nil (To be given as fully as practicable.)	Descriptive marks Nil
2. The above-named man is discharged in consequence of Demobilization	
Auth. R.O. 1420 Para. 1. S.S. "C" D/ 12.12-18	
Authority for discharge.....	
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.	
3. Conduct and character while in the service have been, according to the records, etc.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges

Proceedings on Discharge

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) St. John, N.B.

(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) St. John, N.B. J. P. Adam (Signature of Soldier.)

(Date) March 8th 1919. (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to... (the date to which the Record of Service is completed) ... years ... days.

Total ... years ... days.

11. Confirmation of Discharge.

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

(Place) St. John, N.B.

(Signature) R. A. Major Left

(Date) March 8th 1919.

DISPERSAL STATION ST. JOHN, N. B. FOR P. C. FISTER

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.)

I have no reservations to make

J. P. Adam

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

W.S. Badge Class A no-

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

CLASS *A*
 WAR SERVICE BADGE
 NO. *79173* Issued

1. No.	<i>2303975</i>	Category	<i>A-</i>
2. Rank.	<i>Pte.</i>		
3. Name.	<i>Adam Thomas Pugh.</i>		
4. Unit.	<i>2nd N.B. Forestry</i>	<i>13th Res.</i>	
5. Date of Discharge		Place	
6. Reason for Discharge			
Service in France	<i>3/12</i>		
Next of Kin	<i>Wife</i>		
7. Authority.			
8. Proposed Residence after Discharge	<p><i>SLI LVEI FEB 23/19</i> <i>HEI HFX M. RI 2 10</i> <i>H. M. I * TELEIC *</i></p>		
Occupation	<i>Labour</i>		
9.	<p>CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ?</p> <p>.....</p> <p>Signature of Soldier.</p>		
10.	<p>CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place.....</p> <p>Date.....</p> <p>.....</p> <p>Signature..... (O. C. Discharging Unit.)</p>		