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REGIMENTAL DOCUMENTS

NAME ADAMONES. John REGT. NO. 410092. UNIT 104th Battn H. Q. FILE NO. 1136

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W. 2589
100M-11-19
1772-39-1377

D. 710092

ATTESTATION PAPER.

No. ~~782020~~

Folio

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Adamones
1a. What are your Christian names?	John
1b. What is your present address?	Houlton Maine
2. In what Town, Township or Parish, and in what Country were you born?	Russia
3. What is the name of your next-of kin?	~~Louise Adamones~~ Mrs Jacque Adamones
4. What is the address of your next-of-kin?	~~East Cambridge Mass~~ Willna Russia
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	April 19-1889
6. What is your Trade or Calling?	Labourer
7. Are you married?	Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Ja +	~~Yes~~ Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Adamones, 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.

John Adamones (Signature of Recruit)

Date February 19-16 191 Louis B. Chisholm (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Adamones, 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.

John Adamone (Signature of Recruit)

Date February 19-16 191 Louis B. Chisholm (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 N.B. this 19th. day of February/16 191 .

H. H. Bradley (Signature of Justice)

J. P. IN AND FOR THE COUNTY OF KINGS, N.B.

M. F. W. 23.
100M.—1 -15.
H. Q. 1772-39-841

Description of John Adamones on Enlistment.

Apparent Age 26 years ..... months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 7 ins.

Chest measurement: Girth when fully expanded ..... 39 ins.

Range of expansion .... 4 ins.

Complexion Dark

Eyes Gray

Hair Black

Religious denominations:

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

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

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date February 19-16 191 . J. McD. Bussell

Place Sussex N.B. .....

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.

February 19 John Adamones 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.

Geo. W. Fowler LIEUT.-COLONEL (Signature of Officer)

COMMDG. 104th O. S. BATTN. C. E. F.

Date February 19-16 191 .

MARRIED yes SINGLE WIDOWER

TRADE OR CALLING Labourer RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 26 YEARS 11 MONTHS

HEIGHT 5 FEET 7 INCHES

CHEST MEASUREMENT 39 INCHES EXPANSION 4 INCHES

COMPLEXION Dark EYES Gray HAIR Black

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Sussex. N. B. DATE Feb 19th 1916.

(Nil)

CARD NO.

FOLL.

SURNAME. Adamones,

CHRISTIAN NAMES John

REGL. No. 182020 RANK Pte.

UNIT 104th. Bn

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Adamones, Mrs. Louise

RELATIONSHIP TO SOLDIER Wife

ADDRESS East Cambridge, Mass., U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Russia, DATE Apr. 19th 1889

PLACE OF ATTESTATION Sussex, N.B. DATE Feb. 19th 1916

MARRIED SINGLE 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

CARD NO. S.C.S. Dis

31-5-16 FOLL. I

SURNAME. Adamones

CHRISTIAN NAMES John

REGL. NO. 710092 RANK Pte.

UNIT 104th. Batt

FORMER CORPS Nil

NEXT OF KIN.

NAMES IN FULL Adamones Mrs Louise

RELATIONSHIP TO SOLDIER Wife

ADDRESS East Cambridge, Mass, U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Russia. DATE April 19th 1889.

PLACE OF ATTESTATION Sussex. N.B. DATE Feb 19th 1916.

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

G.G.

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 104th "OVERSEAS" BATTALION, C.E.F.

Regimental No. 710092 Rank Private Name ADAMONES, John

Enlisted (a) 19.2.16 Terms of Service (a) C. E. F. dofwar Service reckons from (a) 19.2.16

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: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
1-6-16	104th Bn	Sol as Deserter by Court of Inquiry	MD6	31.5.16	pt 1 order 129 [signature] Lieut DofR

Jgs Dous B

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

[P.T.O.

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				

MEDICAL HISTORY SHEET.

Surname Adamones *Christian Name* John

Examined on 17 day of February 1916 at Woodstock N.B.

Approved by [signature]

Rank Capt M.O

Birthplace City or Town ..... County Russia

Apparent age 26

Trade or occupation Labourer.

Height 5 Feet 7 Inches.

Weight ..... Lbs.

Chest measurement Minimum 37 inches. Maximum expansion ..... inches.

Physical development ——

Small-Pox Marks ——

Vaccination Marks Arm Right. —— Left. Number ——

When Vaccinated last

(*a*) Marks indicating congenital peculiarities or previous disease ——

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

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

Date	Result	Vaccinations.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
5/3/16		acw. M.O.
12/3/16		M.O. M.O.
		M.O.

Enlisted on 18 *day of* February 1916 *at* Woodstock N.B.

	Corps	Regt'l Number.	Habits.	Date.
Joined on enlistment	104 Batt.	~~182020~~ 710092		18-2-16
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439

104th "OVERSEAS" BATTALION, C.E.F.

Surname Adamson Christian Name John

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins 104 O.S. Bn C.E.F.

(2) Regimental Number 760092

(3) Full Name of Soldier John Adamones

(4) Place of Birth Willna Russia

(5) Are you married, or not? Yes

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

(b) Present Postal Address East Cambridge Mass. U.S.A.

(7) Are you a widower? No

(8) Have you any children? No.

If so, give number of boys and girls ✓

Also their names and ages ✓

M. F. W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Wilhelm John Adamonis Wilna Russia

(10) Is your Mother alive? Yes

If so, state name and address Mrs Mary Adamonis Wilna Russia

(11) If your Mother is a widow No

Are you her sole support, or not? No

(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.

No Separated from Wife

(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.

H. A. Boggs Major
Officer Commanding.

Date April 24/16

No. 182020 RANK Pte NAME Adamonis John.
710092 apr. paylist

T. O. S. 18-2-16 UNIT 104th Battalion. C. E. F.
(W.O. 43. 21-3-16)

M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb 18	1916 Feb 29	✓		
mar		✓		
Apr		✓	Drunk. resisting arrest admonished 5 days C.B.	W.O. 91 of 17-4-16
May		N		
June: No account			Discharged as Deserter 31-5-16 by C. of E. Mulch pay	W.O. 129 of 1-6-16
			a/c closed by charge N	

UNIT SAILED
JUN 28 1916