

REGIMENTAL DOCUMENTS

*Dept*  
S

NAME *ADAMS ALEXANDER FRASER* REGT. NO. *844013*

UNIT *1st Reg WOK* H. Q. FILE NO. *1165*

H

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TO WHOM FORWARDED

DATE FORWARDED

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Category

DISCHARGE

Category

DESERTION

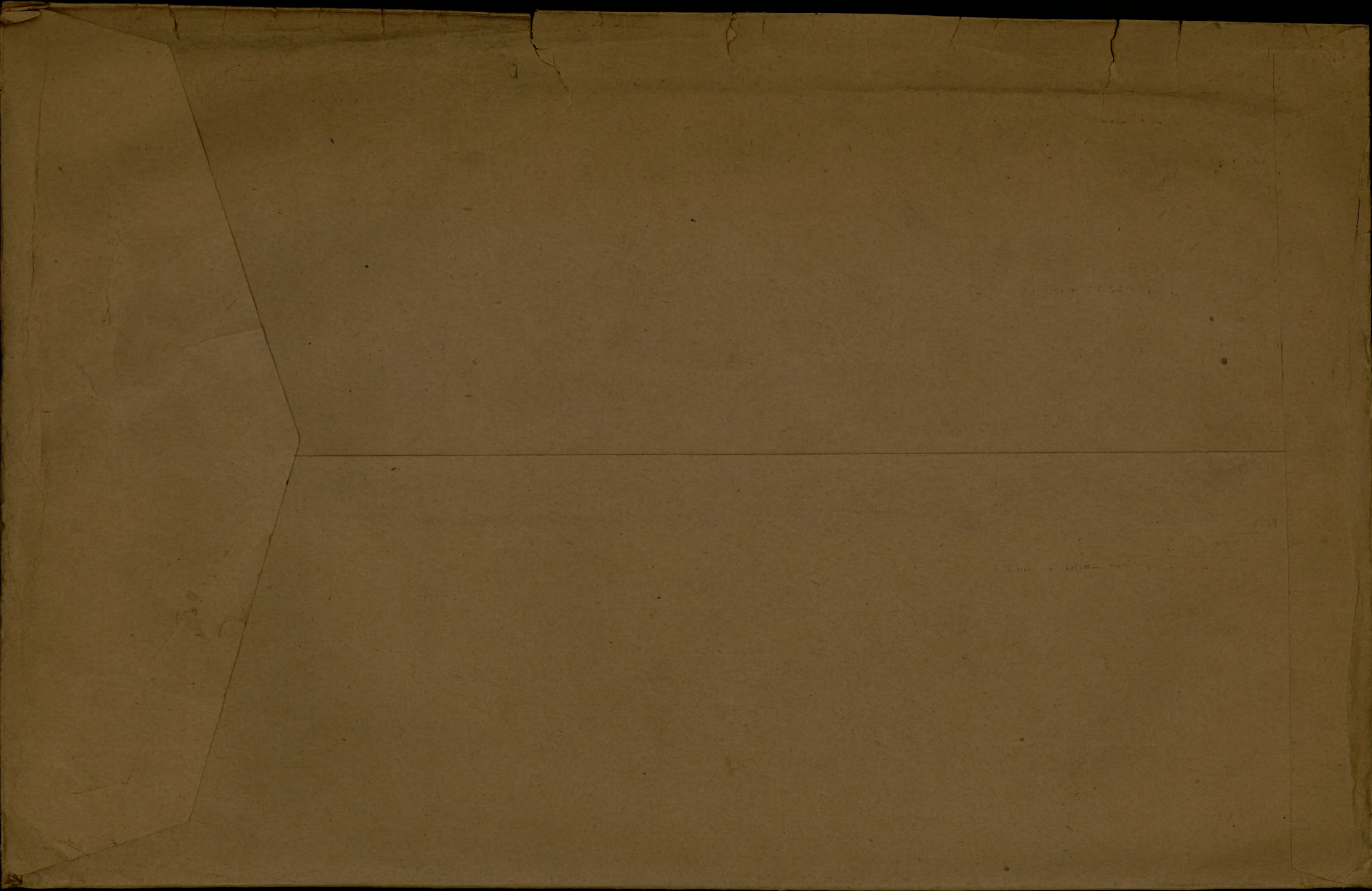
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*30/49*

*60*  
*H*

*Photo Negs*  
*Pay Certs*



149<sup>th</sup> Batt

ORIGINAL  
No. 844013

# ATTESTATION PAPER.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

1. What is your surname?..... *Adams*
- 1a. What are your Christian names?..... *Alexander Fraser*
- 1b. What is your present address?..... *Watford Ontario, Canada.*
2. In what Town, Township or Parish, and in what Country were you born?..... *London England*
3. What is the name of your next-of-kin?..... *Walter Adams*
4. What is the address of your next-of-kin?..... *12 Castle Gardens Hastings England.*
- 4a. What is the relationship of your next-of-kin?..... *Father*
5. What is the date of your birth?..... *January 25<sup>th</sup> 1890*
6. What is your Trade or Calling?..... *Farmer*
7. Are you married?..... *no*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes*
9. Do you now belong to the Active Militia?..... *no*
10. Have you ever served in any Military Force?..... *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*

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *January 17<sup>th</sup> 1916.* *A. Adams* (Signature of Recruit)  
*J. H. Kruss* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Alexander Fraser Adams*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *January 17<sup>th</sup> 1916.* *A. Adams* (Signature of Recruit)  
*J. H. Kruss* (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 *Orkona*, this *17<sup>th</sup>* day of *January*, 191*6*.  
*John Geo Brown* (Signature of Justice)

# Description of Alexander Fraser Adams on Enlistment.

Apparent Age... 25 years ..... months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

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

Chest measurement: { Girth when fully expanded..... 38 ins.  
 Range of expansion..... 3 ins.

Complexion..... Fair

Eyes..... Gray

Hair..... Brown

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

*Scars from  
 Open Rupture  
 on R. Side*

## 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..... Jan 17 1916.

Place..... Arkona, Ontario, Canada. *J. S. Suffman* 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.

..... Alexander Fraser Adams ..... 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.

*W. Macvicar* Major (Signature of Officer)

Date..... Jan 17<sup>th</sup> 1916

*For O. C. 149th C. E. F.*

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 644013 (Rank) Corporal

Name (in full) Alexander Fraser A D A M S. enlisted in

the 149th o/s Battalion, (Transferred to 1st Depot Battalion, W.O.R. 5-11-17).

CANADIAN EXPEDITIONARY FORCE at Arkona, Ontario. on the Seventeenth h

day of January, 1916.

HE served in C A N A D A.

and is now discharged from the service by reason of Demobilization of Canadian

Expeditionary Forces. R.O. 1328.

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

Age 29 Years 2 Months

Height 5 Feet 7 Inches

Complexion Fair

Eyes Grey

Hair Brown

Marks or Scars

Scar from Operation

A. S. Adams

Signature of Soldier

M. H. Zimm  
Issuing Officer  
W.O.R. 1st Depot Battalion W. O. R.

Rank

Date of Discharge 12-4-19.

Appointment

Signed at London, Ontario. this Twelfth, day of April, 1919.

in Military District No. One.

File Reference No. 1.D. 30-A-93, 6/7-2-19.

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 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

U.S.

Sarnia, Ont.

M 51

124990

# FORM OF WILL.

I, Alexander Fraser Adams (Name in full)

Regimental Number 844013 serving in 149th Os. Bn. C.E.F.

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

I bequeath all my real estate unto

<p><u>Nil</u></p>	Name and Address of person or persons to whom it is to go.
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absolutely, and my personal estate I bequeath to

<p><u>Mr. Walter Adams</u> <u>34 Parkhurst Road</u> <u>Bexhill-on-sea</u> <u>Sussex, England</u></p>	Name and Address of person or persons to receive personal estate* (See note).
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**IMPORTANT NOTE**  
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 6th day of February A. D. 1917

A. F. Adams Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

**THE TWO WITNESSES MUST SIGN HERE**

Signature of First Witness [Signature]  
 Address of Witness London, Ont  
 Occupation of Witness 149th Bn C.E.F.  
 Signature of Second Witness [Signature]  
 Address of Witness London Ont  
 Occupation of Witness 149th Bn C.E.F.

FORM OF WILL

I, Alexander Street Adams, residing in [unclear] of the Canadian Republic, hereby revoke all former Wills made and declare this to be my last Will.

I bequeath all my real estate unto

Name and Address of person or persons to whom it is to go

absolutely, and my personal estate I bequeath to

Name and Address of person or persons to receive personal estate (Executors)

This I do on this day of [unclear] A.D. 19[unclear]

Witness my hand and seal at [unclear] this [unclear] day of [unclear] A.D. 19[unclear]

Witness my hand and seal at [unclear] this [unclear] day of [unclear] A.D. 19[unclear]

Witness my hand and seal at [unclear] this [unclear] day of [unclear] A.D. 19[unclear]

Handwritten signature and date: 2/14



# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 844013 Rank Cpl Surname A. D. A. M. S.  
(Given name in full)

Alexander Fraser

Unit or Corps W. O. R. Birthplace London, Eng.

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

**1. GENERAL DESCRIPTION:**

Physique Good Weight 145 lbs. Height 5 ft. 6 in. Colour of Eyes.....

Nutrition Good

Pulse 74

Condition of arteries Good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)

Right Herniotomy Scar

Opinion as to general health and physical condition G. I. Rt. Hydrocile

**2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)**

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System Yes Respiratory System Yes

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

**3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.**

Pleurisy in Summer of 1914. Good Recovery. Has Never Been Troubled Since.  
Acne Eruption in Dec. 1916. Good Recovery. Skin Clear At Present.  
Large Right Sided Hydrocile. Due to a fall 6 Years ago.  
Has Not Been Getting Larger Since, 1910. Does Not Cause Any Pain.  
No Disability Due To Service.  
Rt. Herniotomy. 1911. Good Results.

(If space is insufficient, continue on back of form.)

[OVER]

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

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

## THIS SECTION FOR USE IN CANADA—

Examined at....London Onto(Canada)

Date ...Feb. 19/2/19..... Signed *W. Mcintosh Caph*.....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature ..... *A. J. Adams*.....

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

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

[OVER]

# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 844013 Rank Cpl. Surname Adams  
(Given name in full)

Alexander Fraser  
 Unit or Corps W O R Birthplace London Eng.

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

**1. GENERAL DESCRIPTION:**

Physique Good Weight 145 lbs. Height 5 ft. 6 1/2 in. Colour of Eyes Grey  
 Nutrition Good  
 Pulse 80  
 Condition of arteries Normal  
 Vision Rt. 20/20 Left 20/20  
 Hearing (conversational voice) Rt. 21 ft.  
 Left 21 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)

Right Hermetomy  
scar

Opinion as to general health and physical condition Fit for Home Service "Canada only"

**2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)**

Nervous System no Genito Urinary System no Cardio-Vascular System no  
 Special Senses no Integumentary System yes Respiratory System yes  
 Disturbance of mentality no Muscular System no Digestive System no  
 Osseous and Joint System no Any other general condition no

**3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.**

Pleurisy in summer 1914 no sequelae  
acute. Dec. 1916 cleared up.  
Large right sided Hydrocele due to fall 8 yrs ago  
no disability due to service  
Rt Hermetomy. good result 1911

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

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

## THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

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

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

[OVER]

ORIGINAL  
844013

MEDICAL HISTORY SHEET.

Surname Alamus Christian Name Alexander Fraser

Examined { on 17 day of Jan 1916  
 at Arkona  
 Birthplace { City or Town London  
 County England  
 Apparent age 25  
 Trade or occupation Farmer  
 Height 5 Feet 8 6 1/2 Inches.  
 Weight 145 Lbs.  
 Chest measurement { Minimum 35 inches.  
 Maximum expansion 38 inches.  
 Physical development Good  
 Small-Pox Marks no  
 Vaccination Marks { Arm Right Left  
 Number 4  
 When Vaccinated last 1905

Approved by J. H. Huffman  
 Rank \_\_\_\_\_ M.O. \_\_\_\_\_

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

Date	Result	VACCINATIONS.
<u>25.9.16</u>		<u>2nd Mitchell</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>14.9.16</u>		<u>2nd Mitchell</u> M.O.
<u>21.9.16</u>		<u>2nd Mitchell</u> M.O.
<u>29.9.16</u>		<u>2nd Mitchell</u> M.O.

(b) Slight defects but not sufficient to cause rejection  
Hydrocele R. none  
Both eyes D 20/20  
Hearing normal

Enlisted on 17 day of January 1916 at Parsons

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>1st Regt</u>	<u>244013</u>	<u>Good</u>	<u>17-1-16</u>
Transferred to..	<u>1st Depot Batt</u>	"		<u>5/11/17</u>
	<u>N. O. R.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>London Ont.</u>	<u>FEB 19 1917</u>	<u>On Attestation</u>	<u>Major considered fit</u>
<u>London Ont</u>	<u>10/5/17</u>	<u>Hydrocele</u>	<u>Capt. A. M. C.</u>
<u>London Ont.</u>	<u>18-9-18.</u>	<u>Hydrocele. (left)</u>	<u>Capt. A. M. C.</u>
<u>London Onto</u>	<u>19/2/19</u>	<u>CAPT. Cat</u>	<u>Pres. S.M.B.</u>

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 *Adams* Christian Name *Alexander Fraser*

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				
<i>London</i>		<i>12</i>	<i>12</i>	<i>16</i>	<i>22</i>	<i>12</i>	<i>16</i>	<i>None</i>	<i>11</i>	<i>Pois Recovered</i>	<i>A. Fraser</i>
<i>London</i>		<i>27</i>	<i>2</i>	<i>17</i>	<i>15</i>	<i>3</i>	<i>17</i>	<i>La Grippe</i>	<i>17</i>	<i>well Recovered</i>	<i>G. T. Bailey</i>

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

M. F. W. 54.  
150M. 10-15.  
H.Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 149<sup>th</sup> C. E. F.

Regimental No. 844013 Rank Pte Name Alexander Fraser Adams  
C. E. F.

Enlisted (a) 14/7-16 Terms of Service (a) Duration of War 6 mos Service reckons from (a) 17-1-16.

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) Farmer.

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				
<p><i>Discharged—Demobilization of C.E.F.—R.O. 1328</i></p> <p><i>12/4/19.. Authority... L.P. 30-A-93</i></p> <p><i>Last entry made</i></p> <p><i>M. W. Zinn</i> <b>Major</b></p> <p><i>1st Depot Battalion W. O. R.</i></p>					

(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				



D.O.

NET CLEARANCE

No

H.C. Co.

*Duplicate*

Date

No 844013. Rank

*Cpl*

Name

*Adams A.F.*

For

*Discharge*

With shortage

*nil*

Class

*2.*

*F. Adams.*

For Capt.

Quartermaster 1st. Lieut, En. U.S.A.

# MENT (to be rendered)

---

E OF SERVICE	Authority (if any)	No. and Vr. material are wr

\* To be inserted in Ordnance Workshops.  
 § To be inserted in Ordnance Office.

No. 844013 RANK *Pte.*

NAME *Adams Alexander Fraser*

T. O. S. 17-1-16 UNIT *149th Battalion*  
 D. O. 29, 29-1-16

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Jan. 17</i>	<i>1916 Jan. 31</i>	<i>✓</i>		
	<i>Feb</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>Apr.</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
	<i>July.</i>	<i>✓</i>		
	<i>Aug.</i>	<i>✓</i>		
	<i>Sept</i>	<i>✓</i>		
	<i>Oct</i>	<i>✓</i>		
	<i>Nov.</i>	<i>✓</i>		
	<i>Dec.</i>	<i>✓</i>		
<i>1917 Jan.</i>	<i>1917 Jan.</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
<i>Mar. 1</i>	<i>Mar 20</i>	<i>✓</i>	<i>Transf to No 16 Special Service</i>	<i>DO 62 of 20-3-17.</i>



No. 844013 RANK Pte.

NAME Adams, A.

F.

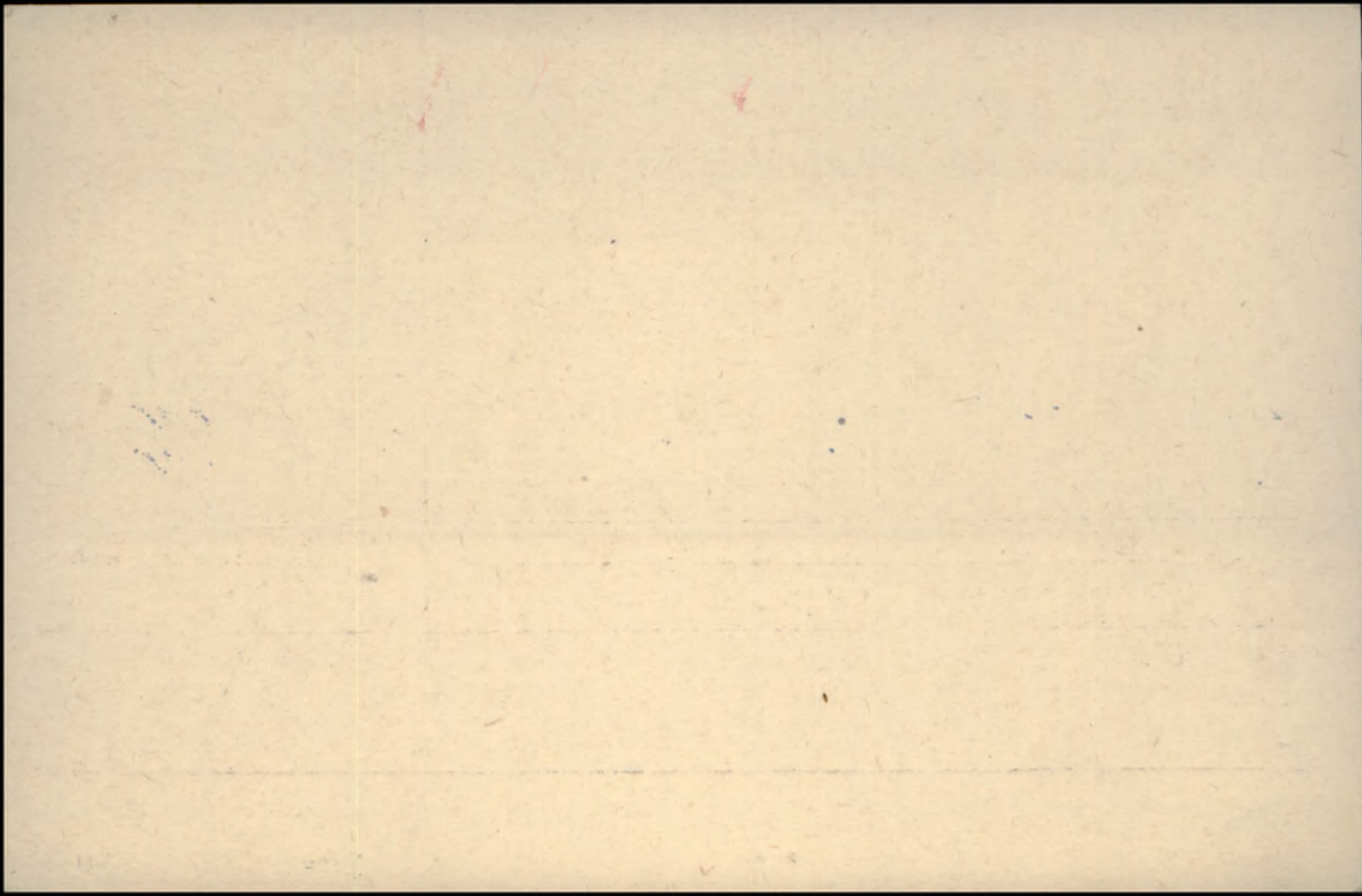
T. O. S.

UNIT No. 1 Special Service Coy.

Transf. from 149<sup>th</sup> Sn.  
Mar. Paylist.

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Mar. 21	Mar. 31	n.		
	Apr.	n.		
	May	n.		
	June	n.		
	July	n.		
	Aug.	n.		
	Sept.	n.		
	Oct.	n.		
Nov. 1	Nov. 5	n.	Trans to M.D.R. 1 <sup>st</sup> Regt. 16-3-11-17.	
			5-11-17	



M. F. W. 71. - 50M. - 5-16.  
~~1772-33-961~~

Adams

*2/20/17* *7*

NAME

*Alexander Fraser*

*W.O.R. #. 6*

REGIMENTAL NO.

*844013*

RANK

*1st. Coy. Pl.*

ENLISTED AT

PROMOTIONS, &c.  
AND DATE

DATE

*effect. 5-11-17*

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

*1st. Horn Will  
1st. Det.*

# CASUALTIES, &C.

NATURE <small>E.G. ABSENCE, PROMOTION, &amp;C.</small>	PART II. D. O.		REMARKS <small>IF IN HOSPITAL, NOTE NAME &amp;C.</small>
	NO.	DATE	
Transferred	52	2-11-17	from Co. 5-11-17
Employed in Post Office	105	28-12-17	as Pettl. Storeman 5-11-17
Good conduct badge.	44	13-2-18	
Transferred to H Co	135	15-5-18	on 14-5-18
Promotion to Capt.	135	15-5-18	on 14-5-18
Trans to G Co	336-I	2-12-18	on 3-12-18
Trans to H Co	365-I	31-12-18	on 31-12-18
Subsistence of 80¢ per diem until further orders.	56	25-2-19	effect 23-2-19
Disc. on Dem. R.O. 1328	101	11-4-19	w/e 12-4-19



(649-a-4569)

SURNAME. Adams

CHRISTIAN NAMES

Alexander Fraser

Soldier's Number 12-4-19

FOLL. NO 1019-11-4-19

REGL. No.

844013

RANK

Pte

1/1000

UNIT

149th

Bn.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Adams, Walter

RELATIONSHIP TO SOLDIER

Father

ADDRESS

12 Castle Gardens, Hastings, Eng.

COUNTRY OF BIRTH

England

London

DATE

Jan. 25th 1890

PLACE OF ATTESTATION

Arbona

Ont

DATE

Jan. 17th 1916

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Farmor

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

25

YEARS

MONTHS

HEIGHT

5

FEET

7

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Gray

HAIR

Brown

DISTINGUISHING MARKS

Scar from rupture operation right side.

MEDICAL EXAMINATION.

PLACE

Arkona, Ont

DATE

Jan. 17<sup>th</sup> 1916

Present Address, Watford, Ont.

REG. NO. 844013 NAME Adams, A. J.  
(SURNAME FIRST)

RANK Pte CORPS 149 Batta.

AGE 26 SERVICE 11/12

NAME OF HOSPITAL Military PLACE Rondon

DATE OF ADMISSION 12. 12. 16. 24 - 2 - 17

DISEASE Acne. La Grippe

DISCHARGE 22. 12. 16. 15 - 3 - 17

OPERATION .....

DISCHARGED TO DUTY Yes Yes

TRANSFERRED TO.....

DISCHARGED BY MEDICAL BOARD.....

REMARKS .....

## List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron } Battery } Company }	Conduct Sheet, " B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Medical Report for Invalid*	" B. 227.	(a) Proceedings on Discharge.	
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.	(b) Attestation.	
*Only if discharged "Medically unfit."		(c) Medical History Sheet (in the event of such having been prepared.)	

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

This space to be for numbers.

## Proceedings on Discharge.

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

No. 844013	
Rank Corporal	
Name <u>Alexander Fraser ADAMS</u> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <u>1st Depot Battalion, W.O.R.</u>	
Date of Discharge <u>12-4-19.</u>	
Place of Discharge <u>London, Ontario.</u>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <u>29</u> .....years..... <u>2</u> .....months. Height..... <u>5</u> .....feet..... <u>7</u> .....inches. Complexion <u>Fair</u> Eyes <u>Grey</u> Hair <u>Brown</u> Trade <u>Farmer</u> Intended place of residence } (To be given as fully as practicable.) } <u>Sarnia Ont.</u>	Descriptive Marks  Scar from operation,
2. The above-named man is discharged in consequence of "On Demobilization" R.O. 1328. Auth' <u>1.D.30-A-93.</u> Daily Order No. 101, d/11-4-19. Para "C"	
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 soldier 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. 213.

100m.—6-16.  
H. Q. 1772-39-113

(OVER)

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

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on 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) London, Ontario.....

*N. M. Quinn* Major  
for O.C. 1st Depot Battalion W. O. A.

(Date) 12-4-19.....

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.

(Place) London, Ontario. *Alexander Fraser Adams* (Signature of Soldier.)

(Date) 12-4-19. *G. L. Mulloy* (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) London, Ontario.....

(Signature) *N. M. Quinn* Major  
for O.C. 1st Depot Battalion W. O. A.

(Date) 12-4-19.....

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

NONE. *Alexander Fraser Adams*

MEDICAL HISTORY OF AN INVALID.

DEPT. MILITIA & DEFENCE  
MAY 27 1917  
H.Q. CANADA

- 1. Station. London, Ont.
- 2. Regiment or Corps. 149th. Battn.
- 3. Regimental No. and Rank. Pte. 844013.
- 4. Name. Alexander Fraser Adams.
- 5. Age last Birthday. 27
- 6. Enlisted on January 27/1916.  
at Sarnia
- 7. Former Trade or Occupation. Farmer. Date. March. 16/1917.
- 8. General remarks on his:—  
(a) Conduct.  
(b) Habits.  
(c) Temperance.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision.

Administrative Medical Officer.

9. Service.	Years. Days.	
	FROM.	To.
<u>149th. Battn. C.E.F.</u>	<u>Jan. 27/1916.</u>	<u>March. 16/17</u>

- 10. (a) Disease or disability. Hydrocele
- (b) Date of origin. 1910
- (c) Place of origin. Watford Ont.
- (d) Cause. Thrown off bicycle

11. Present Condition. (Most Important)  
(To include full description of present disabling condition or conditions.)  
Right side hydrocele of the cord; size of a small fist.  
Operation 1910 resulting in recurrence soon after, otherwise he is fit  $\frac{3}{4}$

- 12. (a) Is the disability the result of service or climate? No.
- (b) Has it been aggravated by intemperance, vice or misconduct? No.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

150 M-5-16.  
H. Q. 1772-39-117.

Station	
Corps	
Regimental No.	Rank
Name	
Disability	
Date	
Hospital or Station transferred to for final disposal.	
Date of final disposal	
How finally disposed of	

The original Report is invariably to accompany the discharge documents of invalids.

5  
Noted  
6-5-17  
M.F.B.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)  
**None.**

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?  
**Not applicable.**

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.  
**Not applicable.**

14. Treatment  
**None**

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?  
**Not aggravated**

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?  
**Permanent until successfully operated on.**

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.  
**Not greater than at time of enlistment.**

18. State if for discharge on account of unfitness for Service.  
**No.**

*W.C. Donald*  
Medical Officer by whom the case is brought forward.

Does the Board concur with the preceding report? If not, give differing opinion.

10.	Yes.
11.	
12.	
15.	
16.	
17.	

18. Is he unfit for Military Service. **Temporarily unfit for Overseas.**  
**Fit for Home Service.**

Recommendations: **Transfer to Special Service till operated upon.**

Signatures :-  
*W.C. Donald* President.

*L. Herbert* Capt. M.C.  
*J.P. Le Touzel* Capt. M.C.  
Station. **London, Ont.**  
Date. **March. 16th. 1917.**  
Members.

Date. **17-2-17**  
Approved. *B.B. Bell*  
Ass't. Director of Medical Services.

Date. **31/5/17**  
for *H. Machaven* Capt.  
Director-General of Medical Services.



8228

FUTURE ADDRESS---398 George St, Sarnia, Ont.  
**MEDICAL HISTORY OF AN INVALID.**

1. Station. **London, Ont.** 8. General remarks on his:—  
 2. Regiment or Corps. **London, S. S. Unit.** (a) Conduct.  
 3. Regimental No. and Rank. **Pte. 844013.** (b) Habits.  
 4. Name. **Adams, Alexander, Fraser.** (c) Temperance.  
 5. Age last Birthday. **25.** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)  
 6. Enlisted on **Jan. 17. 1916.**  
 at **Sarnia, Ont.**  
 7. Former trade or occupation. **Farmer.** Date. **10/5/17.**

DEPT. MILITIA & DEFENCE  
 MAY 27 1917  
 H.Q. CANADA

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

Date of final Medical Board or decision. } Administrative Medical Officer.

**DETAILED MEDICAL HISTORY OF INVALID.**

Militia Form B. 227.  
 200M, 8-16.  
 H. Q. 1772-39-117.

Station	Corps	Regimental No.	Rank	Name	Disability	Date	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

The original Report is invariably to accompany the discharge documents of Invalids.

9. Service. Years. Days.

	PERIODS	
	FROM	To
<b>149th. Batt.</b>	<b>Jan. 17. 1916.</b>	
<b>S. S. Unit.</b>		<b>10/5/17.</b>

10. (a) Disease or disability. **Hydrocele.**  
 (b) Date of origin. **1910.**  
 (c) Place of origin. **Watford, Ont.**  
 (d) Cause. **Accident.**

11. Present condition. (Most Important.)  
 (To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

**Hydrocele right, of the cord, size of Goose egg. Causes a little pain in the Groin, after walking about 2 miles. Has-tense-Heart-hard. Hard and tense. He had an operation done in 1910 but it recurred immediately after. He says the operation was of no benefit whatever. He refuses operation, otherwise he is fit.**

12. (a) Is the disability the result of service or climate? **No.**  
 (b) Has it been aggravated by intemperance, vice or misconduct? **No.**

Noted M.  
 6-6-17  
 J.H.B.

OPINION OF THE MEDICAL BOARD.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Scar from operation for right Hernia.  
Also scar for Hydrocele operation.

Does the Board concur with the preceding report? If not, give differing opinion.

Yes.

10.

11.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held?

Not applicable.

12.

15.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable.

16.

17.

14. Treatment.

None.

18. Is he unfit for Military Service.

Unfit for overseas.

Recommendations :

That he be retained in the Special Service Unit.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Before enlistment and not aggravated by service.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent until operated upon.

Signatures :—

D Allison Captaine President.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

Not greater than at the time of enlistment.

J. M. MacLennan M.D. Members.

Station London, Ont.

Date. 10/5/17.

E. D. Hutchinson Lieut. M.C. Members.

18. State if for discharge on account of unfitness for Service.

No.

J. R. Le Touzel Capt. M.C. Asst. Director of Medical Services.

Date. 12/5/17

Approved.

Date.

Director-General of Medical Services.

E. D. Hutchinson Lieut. M.C.  
Medical Officer by whom the case is brought forward.

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

*Copy*

REGT. No *844013*

RANK *Cpl.* NAME (IN FULL) *Adams, A.*

*5*

IF IN P.F. WHAT UNIT? *398 George St, Same Out* (BLOCK LETTERS SURNAME FIRST)

M. OR S.

NEXT OF KIN  
RELATIONSHIP  
ADDRESS  
IS SEPARATION ALLOWANCE PAID?  
DATE EFFECTIVE  
TO WHOM PAID  
RELATIONSHIP  
ADDRESS

PARTICULARS  
EFFECTIVE DATE  
AUTHORITY  
*Discharged  
from  
M.O.R.*

ORIGINAL UNIT C.E.F.  
PLACE OF ATTESTATION  
DATE OF ATTESTATION  
ASSIGNED PAY \$  
DATE EFFECTIVE  
PAYABLE TO  
RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS  
ADDRESS  
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE  
EFFECTIVE  
DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY  
*London 12-4-19*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	DEBIT	CREDIT	DEBIT		CREDIT
						\$	C.	\$	C.	\$				C.					
<del>WAR SERVICE GRATUITY</del>																			
<i>92 Days</i>		<i>210</i>		<i>210</i>				<i>70</i>	<i>70</i>	<i>70</i>				<i>70</i>	<i>140</i>			<i>14-4-19 969846</i>	
																		<i>2/2/19 80176</i>	
																		<i>10/16/19 890948</i>	
		<i>210</i>		<i>210</i>				<i>210</i>						<i>210</i>	<i>100</i>			<i>Quint Capt.</i>	