

1167

524056

Adams

ALFRED

I.D. number
No. d'identification

Surname
Nom de famille

Given names
Prénoms

dec'd 21/02/59

Open

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

Location
Lieu

22

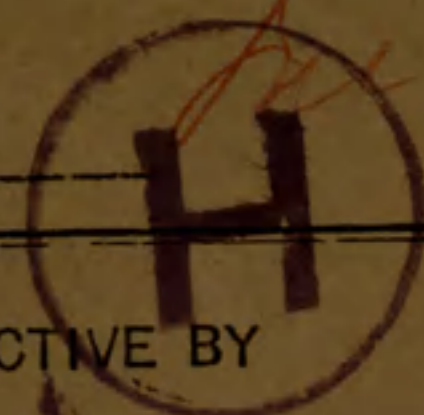


REGIMENTAL DOCUMENTS

NAME **ADAMS ALFRED**

REGT. NO. **534056**

UNIT **69th C.** H. Q. FILE NO. **1167**



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51) **53**

CASUALTY FORM (M.F.W. 54 or A.F.B. 103) **1**

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) **1**

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) **1**

DENTAL HISTORY SHEET (M.F.B. 465) **1**

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129) **1**

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

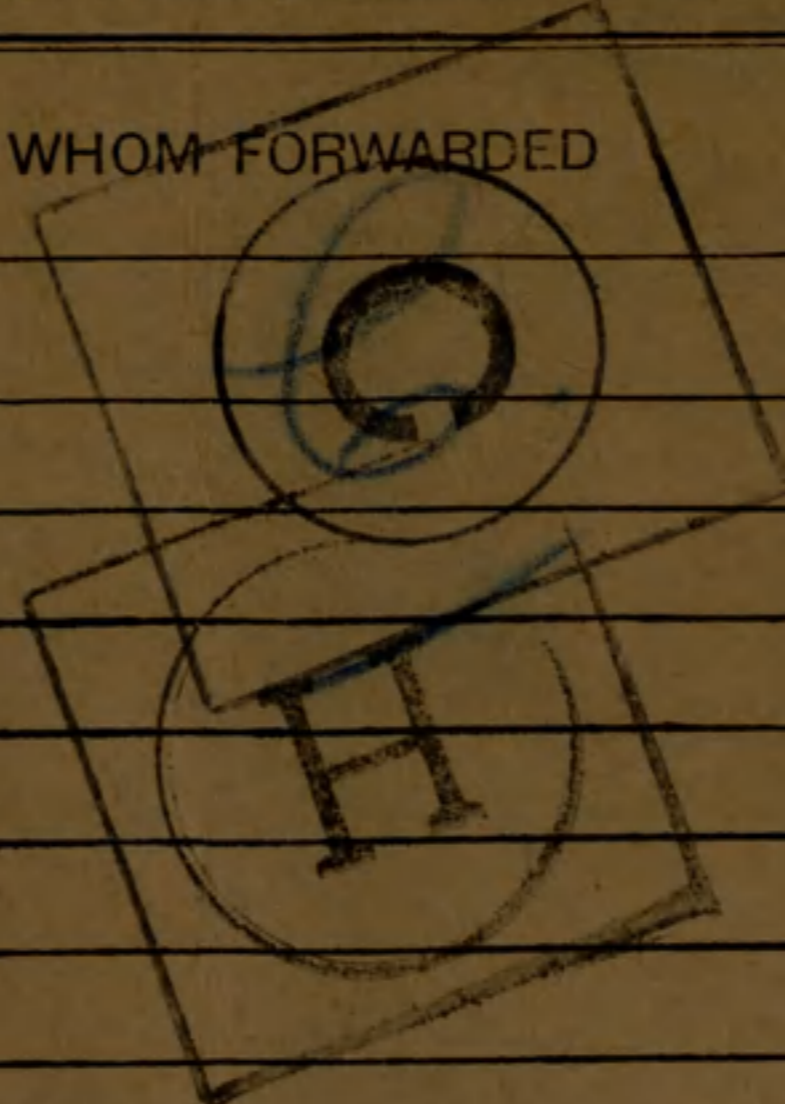
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) **1**

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)



Released 2-2-59

DEATH

Category

DISCHARGE

Category

Demol.

DESERTION

*Pass card
1 May 1922
John Skyles*

Original

ATTESTATION PAPER.

No. 524056

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? Alfred
1b. What is your present address? 239 Franklin St Brandon Canada
2. In what Town, Township or Parish, and in what Country were you born? Bromley Kent England
3. What is the name of your next-of-kin? Millisa Adams
4. What is the address of your next-of-kin? 239 Franklin St Brandon Canada
4a. What is the relationship of your next-of-kin? Wife
5. What is the date of your birth? Aug 19 1883
6. What is your Trade or Calling? Farming
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? Yes
10. Have you ever served in any Military Force? Yes 99th Manitoba Rangers
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, Alfred 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.

Signature of Recruit: Alfred Adams
Signature of Witness: R J Hawkins
Date: July 31st 1916

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alfred 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.

Signature of Recruit: Alfred Adams
Signature of Witness: R J Hawkins
Date: July 31st 1916

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 Camp Hughes this 31st day of July 1916.
Signature of Justice: Captain
Commissioner of Oaths

Description of Alfred Adams on Enlistment.

Apparent Age.....32 years 11 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 2 ft.....ins.

Chest measurement { Girth when fully expanded.....34 1/8 ins.
 Range of expansion.....2 1/4 ins.

Complexion.....Fair

None

Eyes.....Blue

Hair.....Brown

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....
 Jewish.....
 Other denominations.....Salv. Army
 (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.....July 31st 191 6

Place.....Camp Hughes

jos w hord
Capt A.M.C.
 Medical Officer.

*Insert here 'fit' or 'unfit.'

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Alfred 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.

A. B. Buines Captain (Signature of Officer)

O.C. A.M.E No 10 Tr Depot C.E.F.

Date.....July 31st 191 6



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 534056 (Rank) 6/pt

Name (in full) Alfred Adams enlisted in
the C. A. M. C. M.D. #10

CANADIAN EXPEDITIONARY FORCE at Camp Hughes on the 31st
day of July 1916.

HE served in Canada

and is now discharged from the service by reason of Demobilization. P.O. 1420 (C)
Medical Unfitness.
★ D.O. 168 Para. 3 ★

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

Age 36 years

Height 5' 2"

Complexion 5' 2" Fair

Eyes Grey

Hair Brown

Marks or Scars

Small mole on left scapula

A Adams
Signature of Soldier

P. Phoreow
Issuing Officer

Date of Discharge

June 15th 1920

Major
Rank

Date June 15th 1920

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.

1944
DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

1944

U.S. No. 1000

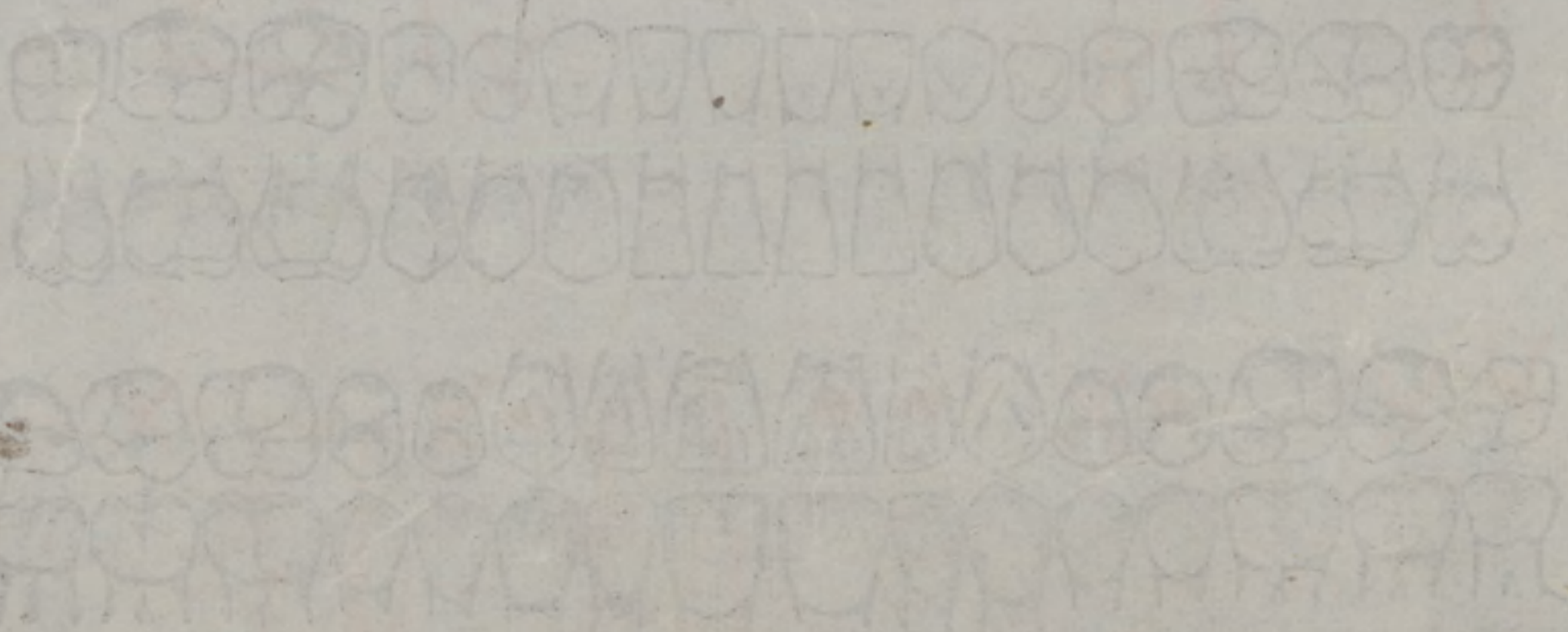
1000

1000

1000

1000

1000



MEDICAL HISTORY SHEET

~~dup.~~

Surname Adams Christian Name Alfred

Examined { on 31st day of July 1916
 at Camp Hughes

Approved by jos. w. Lord
 Rank Capt. A.M.C. M.O.

Birthplace { City or Town Bromley
 County Kent Eng.

Apparent age 32 yrs

Trade or occupation Farmer

Height 5 feet 2 Inches

Weight 115 lbs.

Chest measurement { Minimum 32 inches
 Maximum expansion 2 1/2 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right none Left three
 Number three

When Vaccinated last ten years ago

(a) Marks indicating congenial peculiarities or previous disease none

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

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
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>23/1/14</u>	<u>OK</u>	} <u>B.H. Harry</u> Capt- M.O. M.O. M.O.
<u>1/2/14</u>	<u>OK</u>	

Enlisted on 31 day of July 1916 at Camp Hughes

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>A.M.C. No 10</u>	<u>Tr Depot C.E.F. 524056</u>		<u>July 31st.16</u>
Transferred to	<u>Trans. to 10 Balm. A.S.R.</u>			<u>5-9-18</u>
	<u>" " C.A.M.C.</u>			
	<u>" " Man Mt Depot. Feb 1st /19</u>			

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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 524056 Rank Private Name Adams A.

Corps A.M.C.T.D.No.10. who was* Transferred

On April 13, 1917. 191 , to M.H.C. Unit "G"

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from April 1, 1917. 191 , to April 13, 1917. 191 , the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No.			Regt'l Pay <u>13</u> days at \$ <u>1</u> c <u>00</u>	<u>13</u>	<u>00</u>
by } No.			Field Allow. <u>13</u> days at \$ <u> </u> c <u>10</u>		<u>1 30</u>
Cheques } No.			Other Allowances*		
Assigned Pay No.			Other Credits*		
Other Charges*					
Payment on transfer or discharge No.					
Balance Cr. (to be paid by the new unit)	<u>14</u>	<u>30</u>	Bal. Dr. (to be deducted by new unit)		
Total	<u>14</u>	<u>30</u>	Total	<u>14</u>	<u>30</u>

*Give Particulars.

A monthly stoppage of \$ 20.00 (†) has (‡) been paid on account of Assigned Pay for the month of March 1917. 191 to (Assignee) Millisa Adams
 (Address) 349 9th. St. Brandon Man.

(†) 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 July 31, 1916.

(2) if married and if a Separation Allowance Card has been submitted Yes. Yes

(3) cause of discharge and authority Transferred C.O. No. 88

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date April 13, 1917.

Place Winnipeg Man.

R. J. [Signature] **Capt.**
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
 For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

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. 524056 Rank Cpl. Name ADAMS, Alfred
(Name in full in block letters.)

Age 36 Address after discharge 357 Martin Ave, Elmwood, Winnipeg, Man.
CAMC MMH
 Unit or Corps #10 D.D. Cas. Co. Birthplace Bromley, England

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

1. GENERAL DESCRIPTION:

Physique Fair Weight 110 lbs. Height 5 ft. 2 in. Colour of Eyes Grey
 Nutrition Fair
 Pulse 72
 Condition of arteries normal
 Vision Rt. 20-200 Left 20-80
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

Small dark mole on left scapula.

Opinion as to general health and physical condition Both good.

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.)

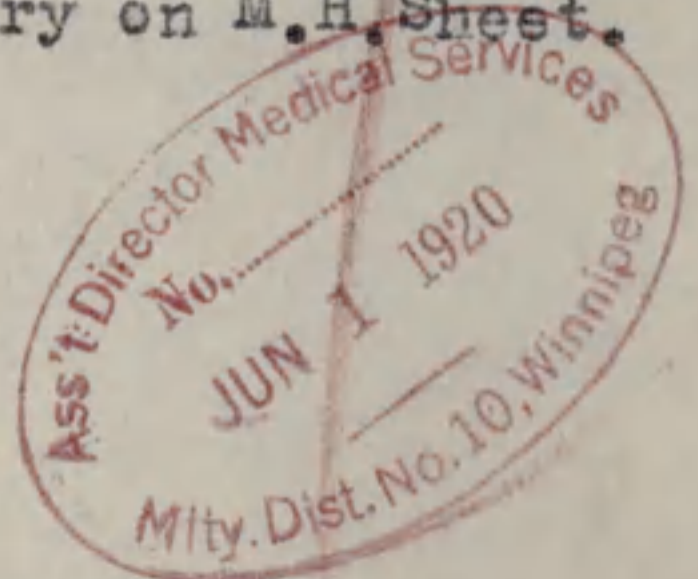
Nervous System NO Genito Urinary System NO Cardio-Vascular System NO
 Special Senses YES Integumentary System NO Respiratory System NO
 Disturbance of mentality NO Muscular System NO Digestive System YES
 Osseous and Joint System NO Any other general condition NO

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.

Defective Vision - Wears glasses at all times since 9 years old. Condition not aggravated by service,

Measles in early childhood - Recovery.

States that he was a patient in St Boniface Hospital Jany. 1916. Symptoms - Vomiting and fever. Recovery. No entry on M.H. Sheet.



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

[OVER]

EXAMINATIONS.

4. 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.)

5. THIS SECTION FOR USE IN CANADA—

Examined at...Winnipeg...(Canada)

Date May 31st 1920..... Signed [Signature]..... 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 [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.)

APPROVED
W. J. Chapman
JUN 1 1920
Major
FOR A. D. M. S., M. D. No. 10
WINNIPEG, MAN.

524056.

No.

Name

A. Adams

Sqn., Batty.,
or Company

A. Corps

10th Batt. C.G.R. Date of enlistment

Date of enlistment

G.C. Badges

Service or Proficiency Pay

Date of last entry in
Company Conduct Sheet

No. and date
of last drunk

Period not reckoning towards
freedom from extra fine

Sheet No.

Signature O.C.
Company, etc.

[Signature]
Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				<i>Missing Man: 7/9/18 certified no entry to date:</i>					
				Transferred from A. M. C. T. D. NO. 10. to Man Mil Hospital Feb 1st, 19. Con Orders 26 Para 309 A.D.M.S. Orders 11 Para 20 Certified no further entries.					
				<i>[Signature]</i> Capt. O. C. A. M. C. T. D. NO. 10.					

O. C. "A" CO. 10TH. BATTN. C. G. R.

M. F. W. 178 (A. F. B. 122)
150M-1-18-1772-39-1211

Name

Adams Ent 31-7-16

Date of Embarkation for England

Proceeded to France.

Returned to England.

Date returned to Canada.

Served Canada only

P.R.2855.

*Chid
16-6-23*

1914

DATE OF DEPARTURE TO EUROPE

DATE OF RETURN FROM EUROPE

DATE OF DEPARTURE TO EUROPE

DATE OF DEPARTURE TO EUROPE

DATE OF DEPARTURE TO EUROPE

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps A M C No 10 Tr Depot C E F

Regimental No. 524056 Rank Private Name Adams, Alfred

C. E. F.

Enlisted (a) 31/7/18 Terms of Service (a) C E F Service reckons from (a) _____

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

Extended _____ Re-engaged _____ Qualification (b) 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				
13-4-17.	T.O.S.	Receiving Depot, M.H.C.C.	D.O. 106,	Para. 852.	
1-6-18.	S.O.S.	#10 District Depot,	" " 63,	" 434.	
<p><i>[Signature]</i> Lieut. for Officer Commanding, #10 District Depot.</p> <p><i>Trans. to 10 Batta C.E.F.</i></p>					
5-9-18	A.A.G.	Trans. to C.A.M.C.	Winnipeg	5-9-18 B.O. 98, para 55	
31. 5. 20	#10 M.M.H.	T. O. S. of No. 10 District Depot, Part 2 Order No. <u>150</u> Para <u>3</u> <i>[Signature]</i> Major O. C. No. 10 District Depot.			
<p>* Discharged / 15-6-20 * D.O. 166 Para 5 <i>[Signature]</i> Major Officer Commanding No. 10 District Depot</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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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				

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Millicia Adams Wife
PAYMENTS.

Name of Soldier

Adams Alfred
P/E

L. L. Job 310.—Req. 6374.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		X 13566	20	20
Sept.		A 15609	20	20
Oct.	3	A 18353	20	20
Nov.		A 21610	20	20
Dec.		A 24995	20	20
Jan.	1917	A 28558	20	20
Feb.		A 31502	20	20
March		A 34706	20	20
April		B 138	20	20 180 ⁰⁰ ✓
May		B 3592	20	20 - <i>cancel B 3592 28/4/17</i>
June			X X	<i>no ch pendg from 2/4/17 WTS</i>
July			X X	
Aug.			X X	
Sept.			-	
Oct.			-	
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.				

SEPARATION ALLOWANCE

31-7-14

Name Millisa Adams

Name of Soldier Adams Alfred

Address ~~239 Franklin St~~

Regtl. No. 524056

349-9th St. Brandon man

Rank MAEC 13/4/17 some 21/4/17 WTB
Corps CAMB, 2D No 10

Relation to Soldier }
wife, child or mother } wife

To what Corps belonging }
when called out } ✓

PAYMENTS

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



4 24
13 22

1280 20

Date of F. listment

MILITIA AND DEFENCE

Date of Assignment

July 31. 1916.

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

<i>20</i>	<i>25.</i> <i>1-12-17</i>		
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P.B. 3257.

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Pu.

Promoted

Reverted

Discharge

Address

Soldier's Name

Alfred Adams.

Change of Address

Battalion

M. H. C. C.

1

Beneficiary

Mrs. Millisa Adams.

2

Relationship

Wife

3

Address

349-9th St. Brandon Man.

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>April 30-17.</i>		<i>180</i>		<i>180</i>	
	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>Hold payment pending D.P. M. h.</i>
				<i>+</i>	
				<i>+</i>	
				<i>X 5.</i>	

Reg. No. 524056 Name Adams A
 Rank Pte Corps A C C Age 1 Service 3/4
 Ledger No. 135 1001 13356 Serial No.

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
Camp Hughes Winnipeg	28-9-16	Tooth Extraction C
Dis Duty	30-9-16	W
St Boniface	11-12-16	Gastritis & Grippe 3
Dis Duty	2-1-17	
St Boniface Winnipeg	16-3-17	Influenza C
Dis to Duty	21-3-17	

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

106.	M.H.C. Winnipeg	13-4-17	adm. Rec. Dep. In-p.
187-	" " " "	13-4-17	S.O.S. Rec. Depot.

NAME

Adams A.

REGT'L No.

524056

H. Q. FILE No. 649.

RANK AND CORPS

pte. 10. A. M. C.

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

NO.

DATE

No. 524056 RANK

Pt

NAME

Adams, Alfred

T. O. S. 31-7-16

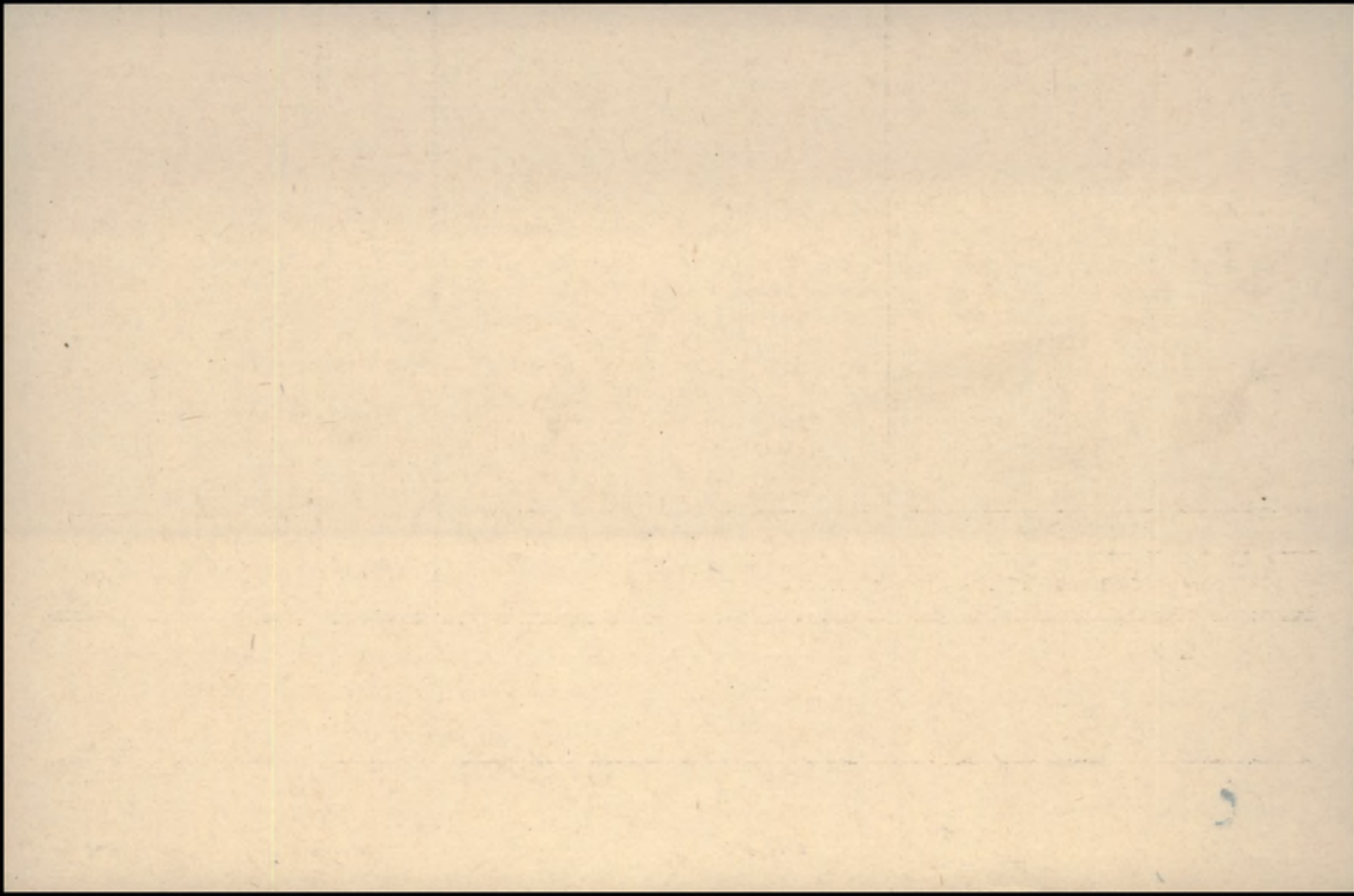
UNIT

no 10 Training Depot - Am C.

Do 118.7-8-16

M. D. 10

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916	1916			
July 31	Aug 31	✓		
	sept	✓		
	Oct	✓		
	nov	✓		
	Dec	✓		
1917	1917			
	Jan	✓		
	Feb	✓		
	mar	✓		
Apr 1	Apr 13	W	Trans to M.A.C. G. 134 17	Soled of 3-4-17



MARRIED *Yes.*

SINGLE

WIDOWER

TRADE OR CALLING *Farming*

RELIGION *Salvation Army*

DESCRIPTION.

APPARENT AGE *32* YEARS

11 MONTHS

HEIGHT *5* FEET

2. INCHES

CHEST MEASUREMENT *34 1/2* INCHES

EXPANSION *2 1/2* INCHES

COMPLEXION *Fair*

EYES *Blue*

HAIR *Brown.*

DISTINGUISHING MARKS *nil*

MEDICAL EXAMINATION. PLACE *Camp Hughes. Man.*

DATE *July 31st 1916.*

Present address: 239 Franklin St. Brandon Man.

SURNAME.

Adams

CHRISTIAN NAMES

Alfred

REGL. NO.

5-24056

RANK

Pte.

UNIT

C. A. M. C. (Training Depot No. 10)

FORMER CORPS

99th. Man. Rangers.

10
CARD NO. *10015.620*
FOLL. *1001669 14.6.70*
1000

NEXT OF KIN.

NAMES IN FULL

Adams, Mrs. Millisa

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

~~*237 Franklin St.*~~ *349-9th St. Brandon, Man.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England, Bromley, Kent.

DATE

Aug. 19th 1883.

PLACE OF ATTESTATION

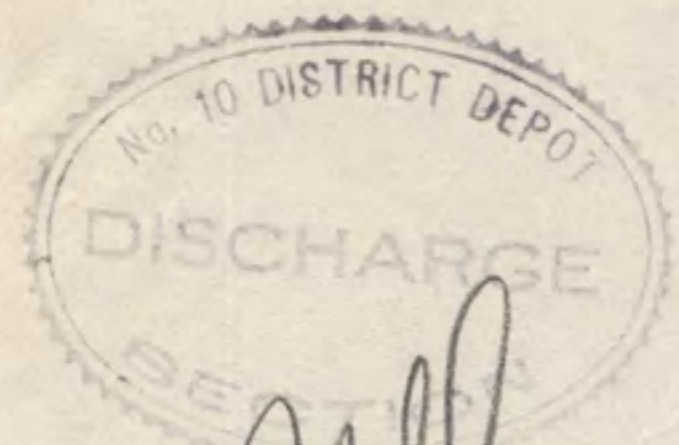
Camp Hughes, Man.

DATE

July 31st 1916.

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



**SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)**

21-5

1. No. 524056	
2. Rank Corporal	
3. Name ADAMS. Alfred,	
4. Unit C.A.M.C.	
5. Date of Discharge	15-6-20 Place Winnipeg, Man.
6. Reason for Discharge Demobilization.	
<i>Processed 21-2-59</i>	
7. Authority R.O. 1420-G. ☆ D.O. 166 Para. 3 ☆	
8. Proposed Residence after Discharge	
357 Martin Ave., Elmwood, Wpg, Man.	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?	
<i>A Adams</i> Signature of Soldier.	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place	Winnipeg, Man.
Date	June 15th, 1920.
<i>[Signature]</i> Signature (O.C. Discharging Unit.)	

E. R. J.

A 1027

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

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 in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

- 1. Reg. No. 5 2 4 0 5 6 2. Rank Corporal 3. Original C.E.F. Unit C.A.M.C. Depot
- 4. Christian Names Alfred 5. Surname ADAMS
- 6. Address, in full, to which future payments of gratuity are to be forwarded 357 Martin Avenue, Winnipeg, Manitoba

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
	CANADIAN SERVICE.		
1st Enl.	194	Private	Active Militia, 99th Man. Rangers
2nd Enl.	99th Manitoba Rangers Detachment, Guarding Prisoners of War 524056	Private	C.E.F.
3rd Enl.			
4th Enl.			
	IMPERIAL SERVICE.		
Imp. Enl.			

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
	CANADIAN SERVICE.					
1st Enl.	24/4/16	31/7/16	Private	99th M.R.	Brandon	Prison Camp Closed
2nd Enl.	31/7/16	Still Serving				
3rd Enl.						
4th Enl.						
	IMPERIAL SERVICE.					
Imp. Enl.						

AUDITOR *W. E. H.* PAYMASTER

M. OR S. *A 1027* PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES REGT. No. *524056* RANK *Cpl.* NAME (IN FULL) *ADAMS, A.*

RELATIONSHIP *wife* ADDRESS *Mrs. S. M. Adams*
357 Martin Ave Elmwood
Winnipeg, Man.

DATE OF ATTESTATION *31-7-16* PLACE OF ATTESTATION *MD 10.* TRANSFERRED TO *1-10-19*

ASSIGNED PAY \$ *20.00* DATE EFFECTIVE *1-10-19*

TO WHOM PAID *Yes* RELATIONSHIP *wife* ADDRESS *See Dad*

IS SEPARATION ALLOWANCE PAID? *Yes* DATE EFFECTIVE *SOLDIER STILL O.N. STRENGTH*

STOP PAYMENT FORM RENDERED, DATE *1-10-19* EFFECTIVE *1-10-19*

DISCHARGED *MD 10.* PLACE *MD 10.* DATE *1-10-19* REASON *U.S.G.* AUTHORITY *Same as Bon*

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-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	
91	120	day	210.00	90.00	300.00			1692269	70		270	30												Mr Balance due	
								3/11/19			1695189	70												14000.60	50-1 1/2 pmob shells
								1/12			190	30												70-6	2nd
											1820841	70												6	3rd
											842	30												6	
					300-						210	90-												300-8	

Bram

AUDITED NOV 27 1919

NOFIRE

713

AUDITOR PAYMASTER

M. OR S. Married

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

REGT. No. 524056 RANK Compt NAME (IN FULL) ADAMS, ALFRED

Form with fields for NEXT OF KIN, ADDRESS, RELATIONSHIP, PARTICULARS, EFFECTIVE DATE, AUTHORITY, ORIGINAL UNIT, PLACE OF ATTESTATION, DATE OF ATTESTATION, ASSIGNED PAY \$, TRANSFERRED TO, DATE EFFECTIVE, STOP PAYMENT FORM, DISCHARGED, DATE, REASON, AUTHORITY, IF ENTITLED TO POST DISCHARGE PAY.

BALANCE FROM PREVIOUS ACCOUNT

Table with columns: MONTH, PAY AND F.A. (NO. OF DAYS, RATE, AMOUNT), OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS (COL. NO. 1, 2, 3), CASH PAYMENTS (COL. NO. 1, 2, 3), ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE (DEBIT, CREDIT), PARTICULARS OR REMARKS.

Certified Account Completed to date of discharge