REGIMENTAL DOCUMENTS

S

NAME ADAMS. Archie Leroy REGT. NO. 3190699 UNIT 1st Dep. Batt. N.R. H. Q. FILE NO. 1198

H

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C H

W. 2509
100M-11-19
1772-39-1377

Ordered 31-10-18

ORIGINAL

6 M. D. 1st. Depot Battalion Nova Scotia Regiment

Regtl. No. 3190699

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname ADAMS.
2. Christian name Archie LeRoy.
3. Present address Main St. Digby Digby Co N.S.
4. Military Service Act letter and number 625769 G.C.
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension. or surrender)
5. Date of birth August 30th 1889
6. Place of birth Deep Brook Anna.Co N.S.
   (town, township or county and country)
7. Married, widower or single Single.
8. Religion Baptist.
9. Trade or calling Mechanic.
10. Name of next-of-kin Mrs Ameynella Adams.
11. Relationship of next-of-kin Mother ~~Daughter~~.
12. Address of next-of-kin Deep Brook Anna.Co.N.S.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any None.
15. Medical Examination under Military Service Act :—

(a) Place Halifax N.S. (b) Date Oct.31st.1918 (c) Category "A-2"

## DECLARATION OF RECRUIT

I, Archie LeRoy Adams, do solemnly declare that the above particulars refer to me, and are true.

Archie L Adams (Signature of Recruit)

## DESCRIPTION ON CALLING UP

Apparent age 28 yrs. 2 mths.

Height 5 ft. 9 ins.

Chest measurement: fully expanded 35½ ins.; range of expansion 2 ins.

Complexion Medium.

Eyes Blue.

Hair Brown.

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

Scar leftmKnee &right ankle

O. L. Hearn. Major

For O. C. 1st. Depot Btln.

Nova Scotia Regt.

Place Halifax N.S. Date October 31st.1918

M. F. W. 133.
500M.—5-18.
1772—39—1158

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

**This is to Certify** that No. 3190699 (Rank) Private

Name (in full) Archie LeRoy ADAMS enlisted in

the 1st. Depot Battn. N. S. Regt.

CANADIAN EXPEDITIONARY FORCE at Halifax on the 31st

day of October 1918

HE served in Canada

and is now discharged from the service by reason of R.O. 1421-1-c

DEMOBOLIZATION

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

Age 28 years 4 mos.

Height 5 ft. 9 ins.

Complexion Medium

Eyes Blue

Hair Brown

Marks or Scars

Scar left knee

and right ankle

Signature of Soldier

(Sgd) H. Flowers,
Issuing Officer

Lt-Col.
Rank

Date of Discharge Dec. 23rd, 1918

1st. Depot Bn N S Regt.
Appointment

Signed at Halifax this 23rd day of Dec 19 18

in Military District No. 6

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.

M. F. W. 39a
200m.—2-18
H.Q. 1772-39-882

# 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 CERTIFICATE WILL NOT BE COMPLETED.

Report

# 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. 3190699 Rank Pte Surname Adams
(Given name in full) ~~Dugby M~~ Archie P.

Unit or Corps 15 Bn Birthplace Dugby Mt

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

1. GENERAL DESCRIPTION:

Physique Gen Weight 136 lbs. Height 5 ft. 9 in. Colour of Eyes Blue.

Nutrition Gen

Pulse 76

Condition of arteries Good

Vision Rt. 20/6 Left 20/6

Hearing (conversational voice) Rt. 2r ft.

Left 2r ft.

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

Scar left knee & right ankle

Opinion as to general health and physical condition 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 Sytem No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

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.

C H A

(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 Halifax N.S. (Canada)

Date 21-12-18 Signed [illegible] 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 [illegible]

(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]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-89-1142.

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Adams Michael

DISTRICT 6

REGIMENT 12 ABNCR

RANK Priest

No. 3190699

M.P.B. 465.
200M.—6-18.
1772-39-950.

## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

| | Date | | Amalgam | Temporary Filling (a) G. P. (b) Cement | Cement | Treatment Putrescent Pulp | Root Filling | Pulp Cap | Devitalization | Pyrrhœa | Synthetic Porcelain | Extracting | DENTURES | | | Gold Clasp | Gold Filling | CROWNS | | Bridge Work | OPERATOR | Military District | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | U | L | P | | | Gold | Porcelain | | | | |
| Condition on first Examination | | | | | | | | | | | | | | | | | | | | | | | |

M.S.A. 15.

ORIGINAL 3190699

# MILITARY SERVICE ACT, 1917.

# MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Adams Christian name Francis R.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 625769 46

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Main St. Digby Dig. Co. N.S.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 31 day of October 1917, by the undersigned medical board sitting at Halifax N.S.

5. Age as stated 28 Years 2 Months. 6. Apparent age 28 Years 2 Months

7. Height 5 Feet 9 Inches. 8. Weight 136 Pounds.

9. Chest measurement { Minimum 33½ Ins. Maximum 35½ Ins. } 10. Complexion Medium { Eyes Blue Hair Brown }

11. Physical development Good { Good Fair Poor } 12. Smallpox marks nil

13. Number of vaccination marks { Right arm nil Left arm one } 14. When vaccinated last never

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

Scars left knee & right ankle

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis } Varicose veins

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [A2]

Vision R 20/60 L 20/60 Hearing normal

W J Barlow Capt A.M.C. President.

Member. J R Dwyer Capt A.M.C. Member.

Signature of Man

| Date | Result | Vaccinations | Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|---|---|---|
| | | M.O. | | | M.O. |
| | | M.O. | | | M.O. |
| | | M.O. | | | M.O. |

Joined 31st day of October. 1918 at Halifax N.S.

| | Corps | Reg'tl Number | Habits | Date |
|---|---|---|---|---|
| Joined on enlistment | 1st. D.B.N.S.R. | 3190699 | | |
| Transferred to | | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station | Date | Disease | Result |
|---|---|---|---|
| Halifax N.S. | 31:10:18 | nil | Cat A2 |

N. B.—This sheet is 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 Archie LeRoy

| 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 | | | | |

# 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. 3190699 Rank Pte Name A. H. Adams

Corps 1st D.B. N.S. Regt A. who was* Discharged

On 22/12/18 191...., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/12/18 191...., to 23/12/18 191...., the inclusive date of transfer or discharge.

| Dr. | $ | c. | Cr. | $ | c. |
|---|---|---|---|---|---|
| Bal. Dr. from prev. month | | | Bal. Cr. from prev. month | 31 | 60 |
| Advances by Cheques No. | | | Regt'l Pay 23 days at $ 1 c. | 23 | |
| Advances by Cheques No. | | | Field Allow. 23 days at $ c. 10 | 2 | 30 |
| Assigned Pay and Sep'n Allce. No. | | | Separation Allowances* (Monthly) | | |
| Other charges | 22 | | Other Allowances* | | |
| Payment on transfer or discharge No. 12650 | 34 | 90 | Other Credits* | | |
| Balance Cr. (to be paid by the new unit) | | | Bal. Dr. (to be deducted by new unit) | | |
| Total | 56 | 90 | Total | 56 | 90 |

*Give particulars.

A monthly stoppage of $.....(†) has.....(‡) been paid on account of Assigned Pay for the month of.....191.... and Sep'n Allce. for month of .....191.... (to) Assignee.....

(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 31/10/18

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

(3) cause of discharge Off Strength for disposal authority Do 353 Ro 1421-1-c

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 23/12/18

Place Halifax N.S.

A. A. Cameron Lt

*Paymaster.*

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

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

**M. F. W. 44.**

300M.—2-18.
H. Q. 1772-39-903.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 1st. DEPOT BATTALION, Nova Scotia Regiment

Regimental No. 3190699 Rank Pte. C. E. F. Name Adams Archie LeRoy

Enlisted (a) 31-10-18 Terms of Service (a) R and 6 Mos. M.S.A. Service reckons from (a) 31-10-18

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

Extended ..... Re-engaged ..... Qualification (b) Milit.

| 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 | | | | |
| | | S.O.S. on discharge on demobolization | Halifax | 23-12-18 | [signature] Adj. 1st Depot B'n N. S. Regiment |
| | | S.O.S. Daily Order Part II #250. | | | |

(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 | | | | |
| | | | | | |

M. F. W. 71—500M.—5 18.
1772—39—961.

M.S.A.

NAME ADAMS, Archie LeRoy

REGIMENTAL NO. 3190699 RANK Pte.

ENLISTED AT Halifax, N.S. PROMOTIONS, &c. AND DATE

DATE Ordered 31-10-18

IF SERVED PREVIOUSLY, STATE UNIT, &c. GC 625769

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Mrs Ameynella Adams RELATIONSHIP Mother

ADDRESS OF Deep Brook Annop. Co. N.S.

ASSIGNMENT OF PAY $ c. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

# CASUALTIES, &c.

| NATURE<br>E.G. ABSENCE, PROMOTION, &c. | PART II. D. O. | | REMARKS<br>IF IN HOSPITAL, NOTE NAME, &c. |
|---|---|---|---|
| | No. | DATE | |
| Posd | 303 | 31-10-18 to 14-11-18 | |
| " 148. | 310 | until further orders | |

H. Q. .....

M. D. No. 6

Surname Adams

T. O. S. Oct 31st 1918

Christian names Archie LeRoy

D. O. Pt. II 302 of 31-10-18

Regtl. No. 3190699 Rank Pte

S. O. S. Dis 23-12-19-18

Unit N S Regt 1st Dpo Bn

Reason Demob

Auth Do 353 of 21-12-18 1/2 SR

Next of kin Adams, Mrs Ameynella

Relationship Mother

Address Deep Brook

Annapolis Co.

N. S.

Also notify: .....

BORN—Place Canada Deep Brook N S

Date Aug 30th 1889

ATTESTED—Place Halifax, N S

Date Oct 31st 1918

O/S .....

R/C .....

W. 22—100M-7-18. 1772-39-839

## 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.)**

1. No. 3190699

2 Rank. Private

3. Name. Archie LeRoy ADAMS

4. Unit. 1st. Depot Battn. N. S. Regt.

5 Date of Discharge Dec.23-1918 Place Halifax, N. S.

6 Reason for Discharge DEMOBOLIZATION

7. Authority. R.O. 1421-1-c

8. Proposed Residence after Discharge

Main Street, Digby

Digby Co, N. S.

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.? 39

Archie LeRoy Adams

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Halifax, N. S.

Date Dec. 23rd, 1918

Signature [signature] for Lt-Col.

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

E. R. B. 21/1/19