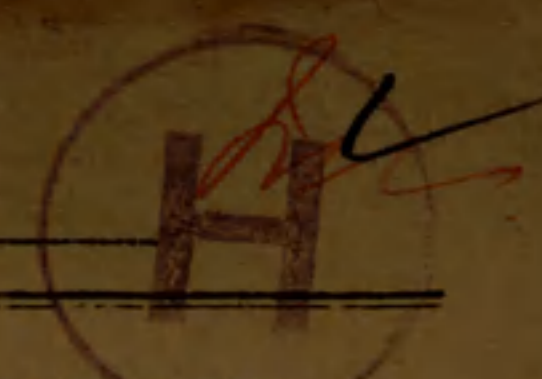
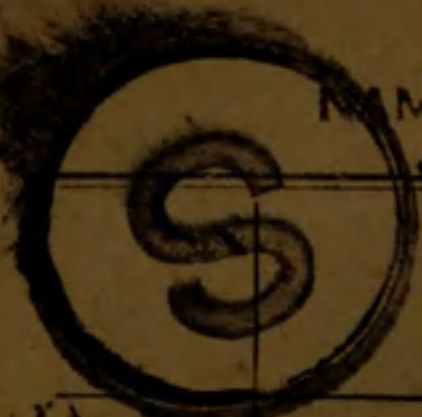


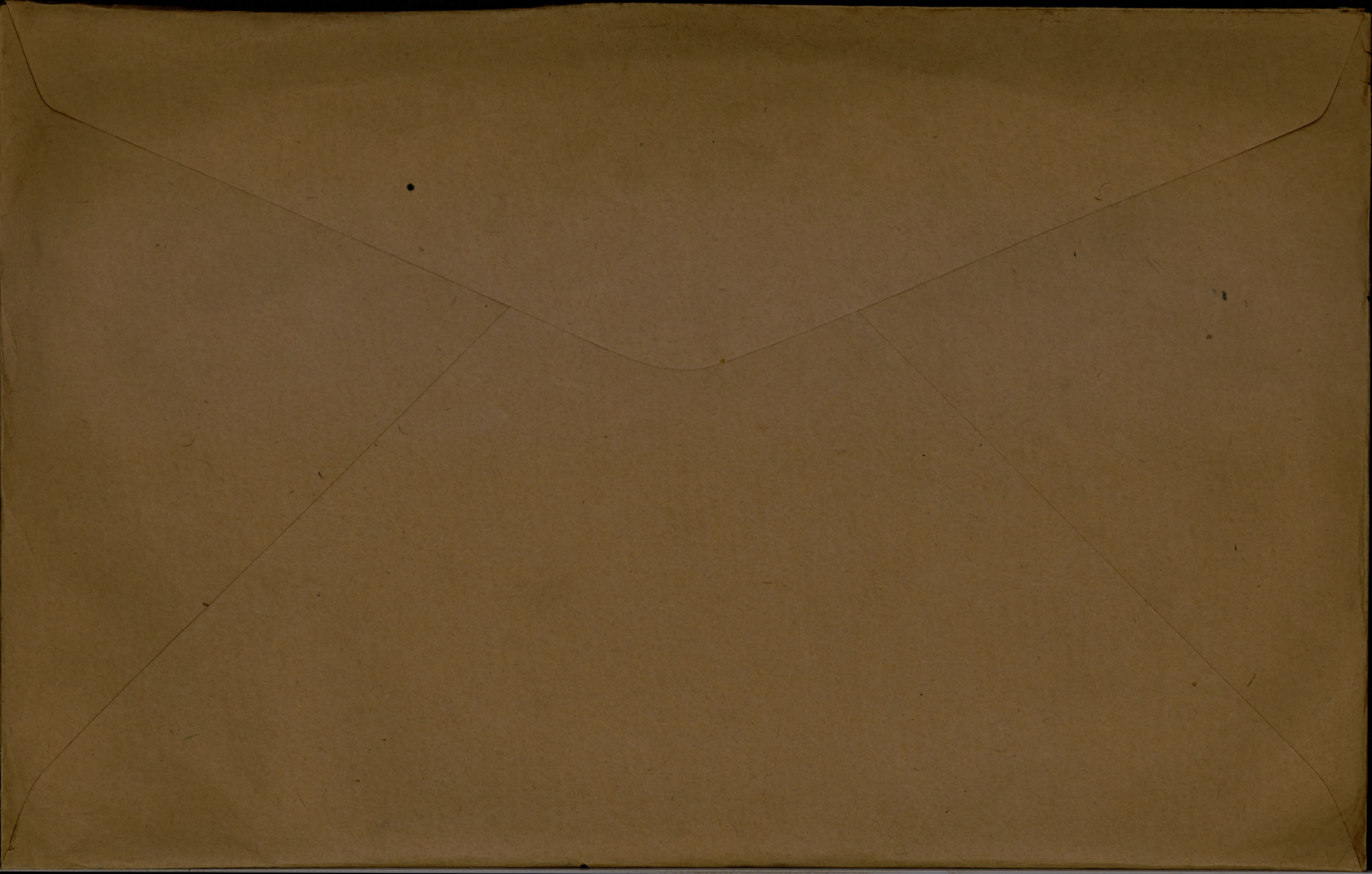
REGIMENTAL DOCUMENTS

NAME ADAMS CHARLES EDWARD REGT. NO. 1294160 UNIT P.C. G. 9 H. Q. FILE NO. 1258



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2 1 /					<b>DEATH</b>
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					Category
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
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)					
2 1 /					<b>DISCHARGE</b>
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					Category
DENTAL HISTORY SHEET (M.F.B. 465) <i>D.D.S.</i>			<i>11/3/21</i>		
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
1					<i>Remob.</i>
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)					<b>DESERTION</b>
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1					
<i>mfw. 71</i>					
<i>Paysheets</i>					







Active Militiaman on duty, became C.E.F. 22nd June 1918, Vide R.O. 795/1918.

R. C. G. A., C. E. F.  
ATTESTATION PAPER.

No. 1274160.  
Folio.

CANADIAN EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... ADAMS.
- 2. What are your Christian names?..... Charles Edward.
- 3. What is your present address?..... 110 1/2 Creighton St, Halifax, N.S. Can..
- 4. In what Town, Township or Parish, and in what Country were you born?..... Cheedale, Cheshire, ENG.
- 5. What is the name of your next-of-kin?..... Mrs. Elizabeth Adams,
- 6. What is the address of your next-of-kin?..... 110 1/2 Creighton St, Halifax, N.S. Canada.
- 7. What is the relationship of your next-of-kin?..... Wife.
- 8. What is the date of your birth?..... 11th April 1884.
- 9. What is your trade or calling?..... Brass Finisher.
- 10. Are you married?..... Yes.
- 11. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- 12. Do you now belong to the Active Militia?..... Yes. R.C.G.A. (P.F)
- 13. Have you ever served in any Military Force?..... R.G.A. 5 yrs & 9 mths.  
If so, state particulars of former service. R.C.G.A.(P.F) 11 yrs.
- 14. Do you understand the nature and terms of your engagement?..... Yes.
- 15. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes.
- 16. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?..... No.
- 17. If so, what was the nature of the disability?..... -
- 18. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... No.
- 19. If so, what was the reason?..... -

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I DO SOLEMNLY DECLARE that the above are answers made by me to the above questions and that they are true and I HEREBY ENGAGE AND AGREE to serve in the CANADIAN EXPEDITIONARY FORCE in any arm of the service for the duration of the war now existing between Great Britain and the Central European Powers, and for the period of demobilization thereafter, and in any event for one year, provided always His Majesty shall so long require my services.

*Charles Edward Adams* (Signature of Recruit.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

Charles Edward ADAMS

I,.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

*Charles Edward Adams* (Signature of Recruit.)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER.

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers 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 *Halifax N.S.* this *15th* day of *Dec* 191*8*.

*Chas. E. Adams* } Signature of Magistrate, Justice or Attesting Officer.  
Justice of the Peace in and for the }  
County of Halifax, N.S. } Office or Rank and Unit or appointment.

M. F. W. 23.  
50 M.-5-18.  
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.



**Description of Charles Edward ADAMS. on Enlistment.  
AND CERTIFICATE OF MEDICAL EXAMINATION.**

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 10th day of January 1919, by the undersigned medical board sitting at Fort McNab, Halifax, N.S.

- |  |  |
|--|--|
| 1. Age as stated <u>36</u> Years <u>8</u> Months.  | 2. Apparent age <u>36</u> Years <u>8</u> Months.                     |
| 3. Height <u>6</u> Feet <u>-</u> Inches.   | 4. Weight <u>178</u> Pounds.   |
| 5. Chest measurement { Minimum <u>38</u> Ins.<br>Maximum <u>41</u> Ins.  | 6. Complexion <u>Ruddy</u> { Eyes <u>Grey</u><br>Hair <u>Auburn.</u> |
| 7. Physical development <u>Good</u> { Good<br>Fair<br>Poor   | 8. Smallpox marks <u>No.</u>   |
| 9. Number of vaccination marks { Right arm <u>1</u><br>Left arm <u>1</u>   | 10. When vaccinated last <u>31/5/18.</u>                             |
| 11. Distinctive marks and marks indicating congenital peculiarities or previous disease. <u>Nil</u><br>(Should the Medical Officers 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). |  |

12. Slight defects but not sufficient to cause rejection Nil.
13. The man denies having had { Rheumatism, Epilepsy, Syphilis, Asthma.  
Tuberculosis, Syphilis, Asthma.  
{ Nervous or Mental disorder. Asthma.
14. We find { Rhumatism, Epilepsy, Syphilis, Asthma.  
no evidence { Tuberculosis, Epilepsy, Syphilis, Asthma.  
of past { Nervous or Mental disorder, Asthma.
- (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

716  
**A.2.**

15. (a) Vision. R. 20 L. 20  
(b) Hearing R. 15 L. 15

J. B. ... **Capt. A.M.C.** President.  
Member. Member.

(Any special remarks of Medical Officers may be added below.)

**RELIGIOUS DENOMINATIONS.**

The Recruit states he belongs to the Denomination noted below.

Church of England.....Methodist.....Jewish.....  
Roman Catholic Yes......Baptist or Congregationalist.....Other denominations.....  
Presbyterian.....

**CERTIFICATE OF OFFICER COMMANDING UNIT.**

.....Charles Edward 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.

Date 6 March 1919 .....(Signature of Officer)  
[Signature]  
Major R. G. ...  
G. R. C. A. Halifax.



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 1244160 (Rank) Sergeant

Name (in full) Charles Edward Adams enlisted in

the No 6 Artillery Depot C.E.F.

CANADIAN EXPEDITIONARY FORCE at Halifax, N.S. on the 22nd

day of June 1918

HE served in No 6 Artillery Depot 22.6.18 to 26.4.19 transfer d. to Cpl 26.4.1919.

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

Routine Order 1420.

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

Age 37 years + 9 months.

Height 6 feet

Complexion Ruddy

Eyes Grey

Hair Auburn

C. E. Adams

Signature of Soldier

Marks or Scars Clasped hands

and girl on swing

tattooed on left forearm

Westwood Lieut.

Issuing Officer

No 6 Cpl. C.E.F.

Rank

Date of Discharge 13th April 1920

Signed at Halifax, N.S. this 13th day of April 1920

in Military District No. 6

File Reference No. 60.29.17.7

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



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the parti-  
culars called for on the back of  
this certificate will not be com-  
pleted



Copy

# MEDICAL HISTORY SHEET

Surname *Adams*

Christian Name *Charles*

Examined { on *22* day of *February* 190*7*  
at *Seaforth, England*

Approved by *Signed*  
*W. H. Murphy*

Birthplace { City or Town *Cheshire*  
County *England*

Rank *Capt. P.A.M.C.* M.O.

Apparent age *24 yrs. 10 months*

Trade or occupation *Labourer*

Height *5* feet *11 1/4* Inches

Weight \_\_\_\_\_ lbs. M.O.

Chest measurement { Minimum *38* inches M.O.

{ Maximum expansion *40* inches M.O.

Physical development *good* M.O.

Small-pox Marks M.O.

Vaccination Marks { Arm Right Left  
Number *nil* *three*

When Vaccinated last *1904*

(a) Marks indicating congenial peculiarities or previous disease *nil* M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
<i>16/2/10</i>	<i>fit</i>	<i>"J. Ross, Major A.M.C. M.O.</i>
<i>19/2/13</i>	<i>fit</i>	<i>"W. L. Hutton" Lt. P.A.M.C. M.O.</i>

Date	Result	VACCINATIONS
<i>23/12/07</i>	<i>Left l. good</i>	<i>"M. H. Murphy" Capt. M.O.</i>
<i>31/5/18</i>		<i>"H. J. Byrne" Capt. M.O.</i>

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on *22nd* day of *February* 190*7* at *Seaforth England*

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<i>R.C.G.A.</i>	<i>5218</i>		<i>22-2-07</i>
	<i>C.E. 4.</i>	<i>1274160</i>		<i>22-6-18.</i>
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.







1978

WAR SERVICE GRATUITY.

147

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

- 1. Christian Names *Charles Edward* 2. Surname *Adams*
- 3. Rank *Sergeant* 4. Original Unit *R.C.G.A.* 5. Reg. No. *1274160*
- 6. Address, in full, to which future payments of gratuity are to be forwarded *to Mrs. Charles Adams # 87 Gottingen Street Halifax N.S.*
- 7. Date of enlistment in the C.E.F. *22nd June 1918 to date*
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Mrs. Charles Adams*
- 9. Relationship of such dependent *Wife*
- 10. Present address, in full, of such dependent *87 Gottingen Street Halifax*
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
- 12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit: *Not Applicable*
- 13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *Not Applicable*
- 14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service *R.C.G.A. 4th Aug 1914 to July 20th 1919. C.M.S.C. from 20th July 1919 to date.*
- 15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *C.E.F. 22nd June 1918 to date*
- 16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *Not Applicable*
- 17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *Yes*



18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units..... *had one enlistment*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid..... *not applicable*

20. Have you been issued with a War Service Badge? If so, what class?..... *not applicable*

21. Have you, during the present war, served in the Imperial Forces?..... *not applicable*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *not applicable*

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England..... *not applicable*

(b) If so, was such reversion in consequence of misconduct or inefficiency?..... *no*

24. Are you now serving in the C.E.F. *yes*..... If not, give:—(a) Date of discharge *not applicable*  
*not applicable*..... (b) Reason for discharge *not applicable*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *C.M.F.C.*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit..... *not applicable*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?..... *not applicable*

(b) If so, are you in receipt of full pay and allowances from that Department?..... *not applicable*

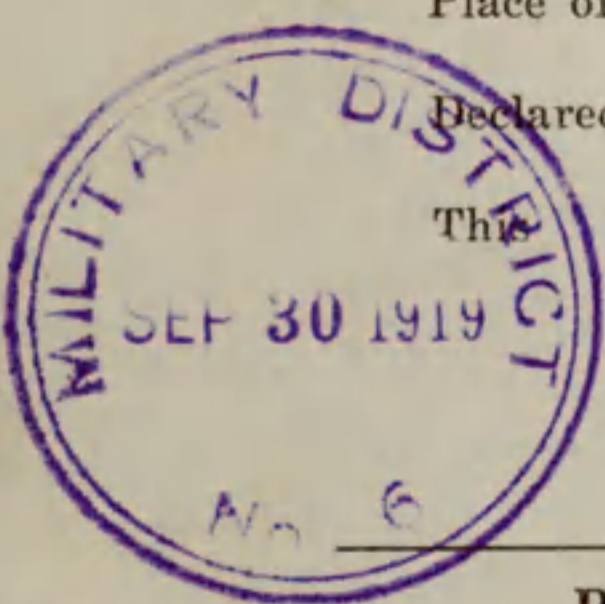
And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *C. E. Adams.*  
Place of Residence: *874 Gottingen St. Halifax N.S.*

Declared before me at:  
This *30th* day of *September* 19*19*.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

*H. V. Cooks*  
*Daar G. P. (Major)*



POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>210<sup>00</sup></i>	
			<i>90<sup>00</sup></i>	
			<i>300<sup>00</sup></i>	

Certified Correct.

District Paymaster.



# 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]



# 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. 1274160 Rank Sgt Surname Adams  
(Give name in full)  
Charles Edward  
 Unit or Corps C.M.S.C. Birthplace Cheddle, Cheriton, England

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

1. GENERAL DESCRIPTION:

Physique Good Weight 142 lbs. Height 6 ft. 0 in. Colour of Eyes Blue  
 Nutrition Good  
 Pulse 78  
 Condition of arteries Normal  
 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.)  
Chapped hands and  
gout on swing interval  
on left forearm

Opinion as to general health and physical condition Very 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 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.



ACTIVE MILITIAMAN ON DUTY, BECAME C.E.F.  
 22nd JUNE 1918 VIDE R. O. 795

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. R.C.G.A. C.E.F.

Regimental No. 1274160 Rank Sergt Name Charles Edward ADAMS

Enlisted (a) 22-6-18 Terms of Service (a) While services are required C. E. F. R.O. 795 Service reckons from (a) 22-2-07 22-6-18

Date of promotion to present rank } 19-7-16 Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
Active Militiaman on duty, became C.E.F. 22nd June 1918. Vide R.O. 795/1918.					
26-4-19	Subst order No 887 af- 26-4-19	Transfer to No 6 Det C.M.S.C.	Halifax N.S.	26-4-19	SO 118 af- 28-4-19 <i>W. H. Strachan</i> CAPT 1st C. G. A. ADJUTANT No. 6 ARTILLERY DEPOT
13-4-20	Part II order No 104	S.O.S. 13. H. 20 under R.O. 1420	Halifax N.S.	13-4-20	<i>G. Westwood</i> for O.C. 6. Div. S. C., C.E.F.

(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				

Active Warrant Officer on duty because C. F. E. Sear. June 1913. Vice P. C. 7891313.



DEPARTMENT OF MILITIA AND DEFENCE.

Application Form Canadian Victory Bonds  
1919.

I CHARLES EDWARD ADAMS  
C.M.S.C. M.D.6. HALIFAX Apply for 1  
In block letters.

VICTORY BONDS VALUED AT \$ 50 AND DO HEREBY AUTHORIZE THE  
SUM OF \$ 10.60 for the 1st month, \$ 4 for ten months, and \$ 6.36  
the the twelfth month to be stopped from my pay 4.00

I DESIRE THE BONDS TO BE OF \$ 50 DENOMINATION AND TO BE  
BEARER BONDS MATURING IN 5 YEARS.

\*State if you want \$50, \$100, \$500, or \$1,000 denominations, and if the bonds are Coupon Bearer Bonds or Registered Coupon Bonds and if to mature in five years or fifteen years, (the Maturity to be stated in writing, as well as figures).

ON PAYMENT IN FULL PLEASE DELIVER BONDS TO:—

C. E. Adams NAME.  
87 Gortingen St. Halifax STREET, TOWN AND  
Nova Scotia PROVINCE.  
Date 6th/11/19 C. E. Adams Signature of subscriber.

REGIMENTAL PAYMASTER'S CERTIFICATE:

I CERTIFY THAT THE ABOVE PERSON IS ON THE PAYLIST OF THIS  
UNIT AND I WILL MAKE THE MONTHLY DEDUCTIONS UNTIL THE BONDS  
ARE PAID FOR, OR CARRY OUT THE INSTRUCTIONS DEALING WITH VIC-  
TORY BONDS.

.....  
Name and Rank.  
Date.....  
Unit.

Subscribers wishing to pay in full for their bonds, on or before November 16th, in one  
payment, should attach a marked cheque or money order to this application.

For Payment in Full			
1— \$50 Bond	— \$50	1— \$500 Bond	— \$500
1— \$100 Bond	— \$100	1— \$1000 Bond	— \$1000
For Payment in twelve Monthly Payments			
1—\$ 50 Bond—\$ 5 for 1st month, \$4 for 10 months, and \$ 6.36 on the 12th month.			
1—\$100 Bond—\$10 for 1st month, \$8 for 10 months, and \$12.71 on the 12th month.			
Larger Subscriptions in Proportion.			

If Registered, or Fully Registered Bonds are required, this part must be filled in.  
Kind and denomination of bonds required:  
Coupon Bonds (Registered)—\$50, \$100, \$500, \$1000. Maturity.....  
Fully Registered—\$500, \$1000, \$10,000. Maturity.....

NOTE:—No application for less than \$500, can be accepted for fully Registered Bonds.

Name in which bonds are to be registered.....  
Full Christian name in block letters.

Post Office Address.....

.....  
Signature of person in whose name bonds are to be registered.  
Date.....  
Signature of subscriber.



	Date	A.R. No.	Sheet No.	Amount \$ c.	Signature of Paymaster.
1.	25 <sup>th</sup>	1	1	5 00	W. G. G. H.
2.	Decr	2	1	4 00	F. A. Chew
3.	28-1-20	3	1	4 00	F. A. Chew
4.	28-2-20	4	1	4 00	F. A. Chew
5.	March	5	1	4 00	F. A. Chew
6.	April	6	1	4 -	OCS
7.	May	7		4 00	OCS
8.	June	8		4 00	OCS
9.	July	9		4 00	OCS
10.	Aug	10		4 00	OCS
11.	Sept	11		4 00	R. S. Mason
12.	Oct	12		6 36	R. S. Mason

57.36 June

GENERAL AUDITOR'S DEPT.  
AUDITEE  
NOV 22 1920  
DISTRICT AUDITOR, *R. S.*

*[Faint blue ink scribbles and markings at the bottom of the page]*



Place & Date... *Halifax N.S. 13<sup>th</sup> Feb. 1920.*

TO:- The Paymaster General,  
Dept. of Militia & Defence,  
Ottawa, Ont.

VICTORY LOAN, 1919.

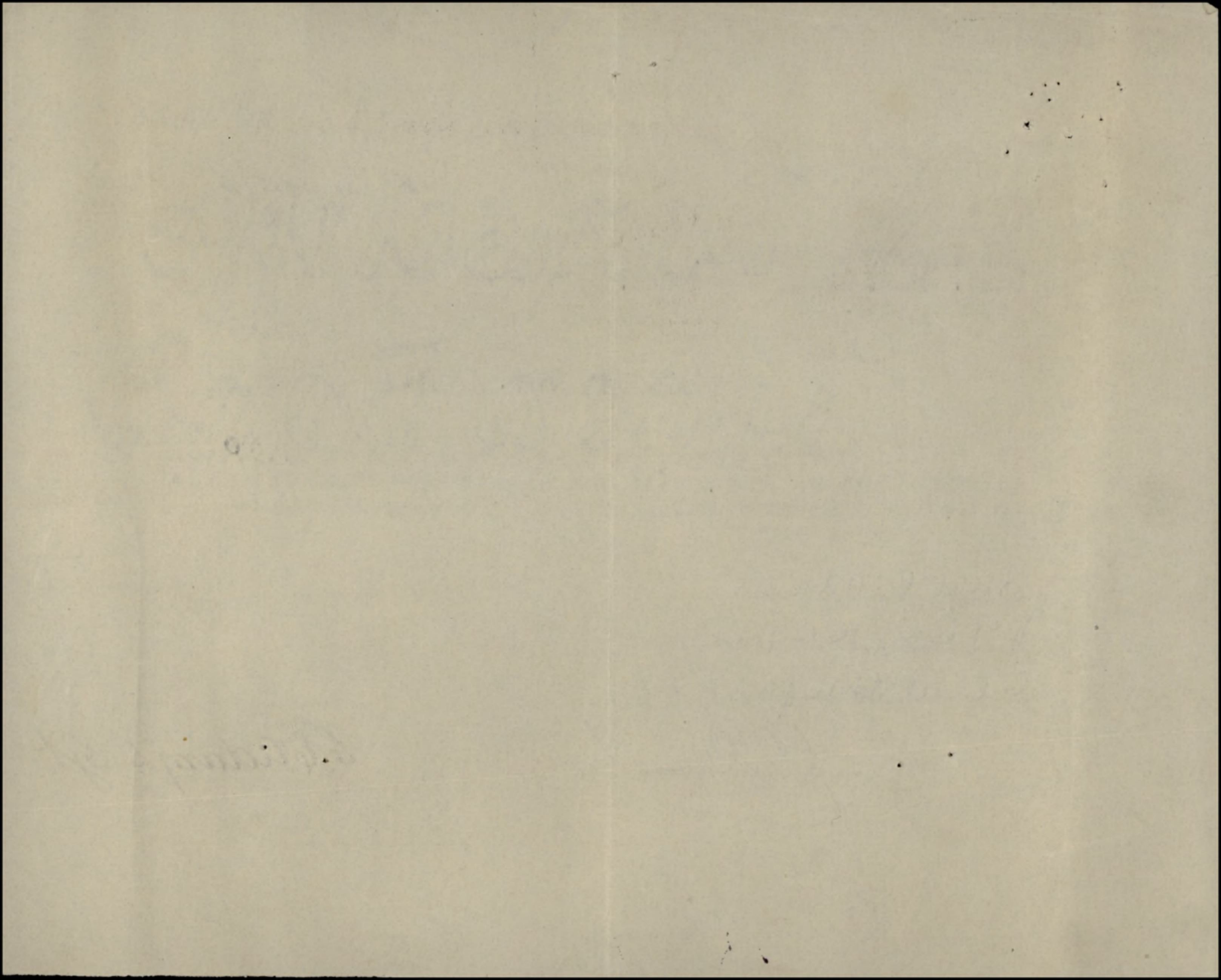
Having completed my subscription of \$.....<sup>50<sup>00</sup>/<sub>++</sub></sup>  
to 1919 Victory Loan, will you please have Bond forwarded  
to me by Registered Mail, at the following address:-

Sgt E. Adams  
P.O. Box R.C.G.A.  
Citadel Halifax N.S.

*J.P. Quinn Sgt*  
Witness.

*E. Adams Sgt*  
Subscriber.







N. 77. 188

FILE NO.

VICTORY LOAN 1919.

Name and Address for Delivery

Name ADAMS  
Surname

E. E.  
Christian Name

~~89~~ Gottengen St

Reg. No. 1274160  
4232

Rank Pgt.

Stalifax N.S.

Unit or Branch Staff Clerk  
# 6.

# 1 Coy. RC 9A  
Citadel

Subscribed for in M.D. Int. 136

Registered in Name of

Amount of Subscription \$ 50., Class C.B., Maturity 36

Date	Item	Dr.	Cr.	Balance	Audit	Date	Item	Dr.	Cr.	Balance	Audit
4-12-19.	AR # 34.		500	500	213						
13-1-20	" # 274		400	900	213						
24-2-20	" # 613.		400	1300	213						
13-4-20	" # 983		400	1700	213						
13-4-20	" # 1008		400	2100	213						
10-5-20	" 1295-		4	35-	213						
7/6/20	" 1435-		4	29-	213						
15/7/20	" 1745-		4	33-	213						
6/8/20	" 1938		4	37-	213						
13/9/20.	" 2066.		4	41-	213						
19/10/20	" 2269		4	45-	213						
5/11/20	✓ # 2424		636	5136	213						
17/11/20.	Reg. 39.	5136			213						

Remarks

Transfer Record

Bond Forwarded Woff.

Date 1/12/20

Reg. Letter No. 7703

SH 88485



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name \_\_\_\_\_ Surname \_\_\_\_\_ Christian Name \_\_\_\_\_

Regimental Number \_\_\_\_\_ Rank \_\_\_\_\_ Address (in full) \_\_\_\_\_

Unit \_\_\_\_\_

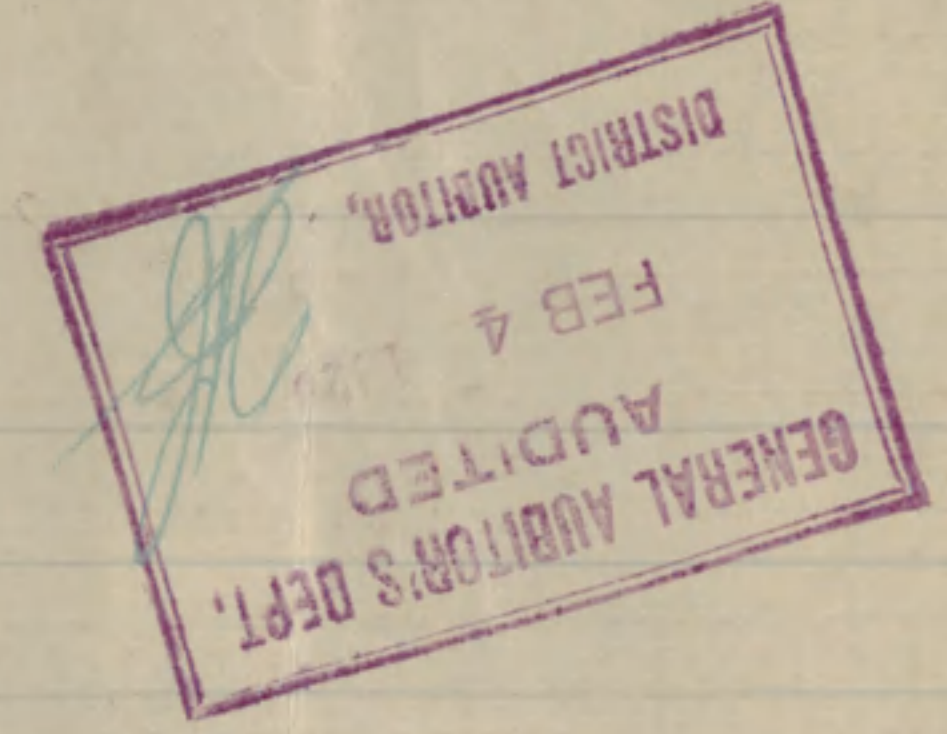
Original Unit \_\_\_\_\_

District where paid \_\_\_\_\_

Date of Discharge \_\_\_\_\_

P. D. P. Filing Number \_\_\_\_\_

Rates:—Regimental pay \$ \_\_\_\_\_ per diem; Field Allowance \$ \_\_\_\_\_ per diem. Separation Allowance \$ \_\_\_\_\_ per month.



L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127  
306M-1-19  
1772-89-1140

Remarks:



NAME ADAMS. Charles. Edward.

REGIMENTAL NO. 1274160.

RANK CSgtg

ENLISTED AT Halifax. N. S.

PROMOTIONS, &c.  
AND DATE

DATE

*Feb. 22nd. 1904. attested C.E.H. 22-6-18 vide R.O. 795*

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Married.

NEXT OF KIN Mrs Elizabeth. Adams. RELATIONSHIP Wife.

ADDRESS OF 110 $\frac{1}{2}$  Creighton St Halifax. N. S.

ASSIGNMENT OF PAY \$ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR





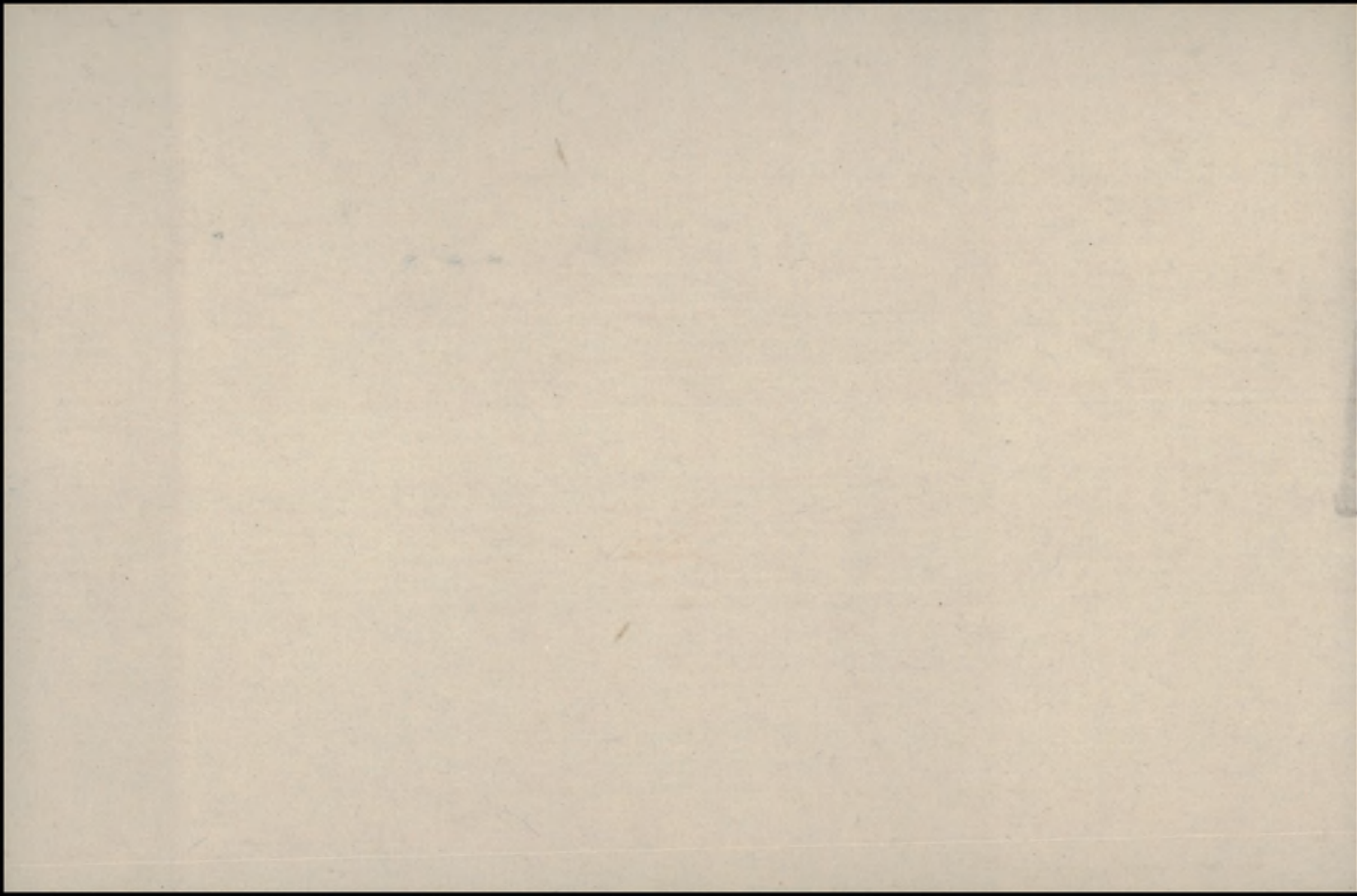


Surname *Adams* H. Q. ....  
Christian names *Charles Edward* M. D. No. *60* .....  
Regtl. No. *127 4160* Rank *Serjt* T. O. S. .... 19 .....  
Unit *Arty. Dep. # 6* D. O. Pt. II ..... of .....  
S. O. S. .... 19 .....  
Reason .....  
Auth. ....

Next of kin *Adams, Mrs Elizabeth* Relationship *Wife* .....  
Address *110 1/2 Brighton St.* Also notify: .....  
*Halifax N.S.* .....

BORN—Place *England, Cheddle* Date *Apr. 11th 1884* .....  
ATTESTED—Place *Halifax N.S.* Date *Dec. 16th 1918* .....  
O/S ..... R/C .....







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.)

3  
15-4-20

1.	No.	1274160	
2.	Rank	Sergeant	
3.	Name	Charles Edward Adams	
4.	Unit	No. 6. Detachment. Corps of Military Staff Clerks. C.E.F.	
5.	Date of Discharge	13-4-1920	Place Halifax, N.S.
6.	Reason for Discharge	Demobilization Routine Order 1420. Enlisting in R.C.A. reconstituted Permanent Force.	
7.	Authority	G.O. 28-17. 7. dated 10th April 1920	
8.	Proposed Residence after Discharge	87 Collingwood Street. Halifax, 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. ?		
	<i>C. E. Adams</i>		
	Signature of Soldier.		
10.	CONFIRMATION.		
	The discharge of the above named man is hereby confirmed.		
	Place	Halifax, N.S.	
	Date	13th April 1920	
	Signature	<i>Westwood Lieut.</i>	
		(O. C. Discharging Unit.) for No. 6. Detachment, C.E.F.	



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

M. OR S. married REGT. No. 1274160 RANK Sgt. NAME (IN FULL) ADAMS, Charles E.  
 NEXT OF KIN Mr Elizabeth Adams RELATIONSHIP wife ORIGINAL UNIT C.E.F. RC9A  
 ADDRESS 87 Göttingen St. Off Rd PLACE OF ATTESTATION Nov Mt. Blvd. TRANSFERRED TO Nov Mt. Blvd. DATE 21-4-19 AUTHORITY AO 118  
 IS SEPARATION ALLOWANCE PAID? yes DATE EFFECTIVE 22-2-07 ASSIGNED PAY, \$ 20<sup>00</sup> DATE EFFECTIVE 21-4-19 AUTHORITY AO 118  
 TO WHOM PAID As above RELATIONSHIP wife ANY CHANGE IN ASSIGNEE OR ADDRESS None  
 ADDRESS As above ADDRESS 87 Göttingen St. Off Rd  
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE 13/20 EFFECTIVE Remob AUTHORITY AO 105 IF ENTITLED TO POST DISCHARGE PAY

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		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
			\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE													
<i>Brought Forward</i>			640	75	623	90				280	00	90	05	315	00	600	00	1	50	12	60	1299	15		
April	13	1.85	24	05	10	40			8	14		4	00	53	45	25	00					82	45		AR # 8
<b>Total</b>			664	80	647	30	69	50	1381	60	280	00	94	05	368	45	625	00	1	50	12	60	1381	60	

Certified that all payments due on this a/c have been made.  
 J. W. Samsel, Capt  
 1<sup>st</sup> M. G. M. S. B.







Py C.B. F. Adams

Yus. 6 Det. C.M.S.E. - C.E.T. P. 4

AUDITOR PAYMASTER

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

REGT. No. 1244160 RANK Sgt. NAME (IN FULL) Adams, Charles B.

M. OR S. Married	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT? 3668A	NAME (BLOCK LETTERS SURNAME FIRST)
NEXT OF KIN	RELATIONSHIP	Part Pay 1-35			PLACE OF ATTESTATION	TRANSFERRED TO	DATE
Address	RELATIONSHIP	Subs All. 80	1-11-19	A1 235	DATE OF ATTESTATION	50% Det. 6568B	21-4-19
Address	RELATIONSHIP	Sa 30.00			ASSIGNED PAY \$	DATE EFFECTIVE	
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE	Reasons in lieu	7-11-19	A1 236	STOP PAYMENT FORM RENDERED, DATE		
TO WHOM PAID	RELATIONSHIP	Ration Allow	1-2-20	H.O. 34	DISCHARGED	PLACE	DATE
Address	RELATIONSHIP						
Address	RELATIONSHIP						

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	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT		
1919																				
April	30	1.35	40.50	24.00	4.50								99.00				RSDI-50 SA. AP OR 21			
May	31	1.55	48.65	24.80									101.30				J.O.S. - 24/4/19. D.O. 18.			
June	30	1.55	46.50	24.00									99.00							
July	31	1.55	48.65	24.80									101.30							
August	31	1.50	45.50	24.80									112.15							
September	30	1.55	46.50	24.00									109.50							
October	31	1.35	51.35	30.00									112.15							
November	30	1.85	55.50	30.00									94.50							
December	31	1.85	57.35	30.00									111.65							
Jan 1920	31	1.85	57.35	30.00									96.90							
FEB.	29	1.85	53.65	30.00									106.85							
MAR	31	1.85	57.35	24.80									112.15							
Forward			640.75	623.90	34.50	1299.15							280.00	90.05	315.00	600.00	1.50	12.60	1299.15	



Man Defendant  
21000 9000

War Service Gratitude

30000 HS <sup>2</sup>/<sub>10</sub> HS <sup>3</sup>/<sub>10</sub>  
SA <sup>1</sup>/<sub>11</sub> SA <sup>1</sup>/<sub>11</sub>  
63 <sup>2</sup>/<sub>10</sub> 60 <sup>2</sup>/<sub>10</sub>

7000 3000 1st Payment  
7000 3000 2nd Payment  
7000 3000 3rd Payment

10000 14000 6000  
10000 7000 3000  
10000

Certified that all payments due  
on this acct have been paid  
..... CAPT.  
For Senior Officer Pay Services, M. D. 6