

S

REGIMENTAL DOCUMENTS

NAME **ADAMS.** *Clare*

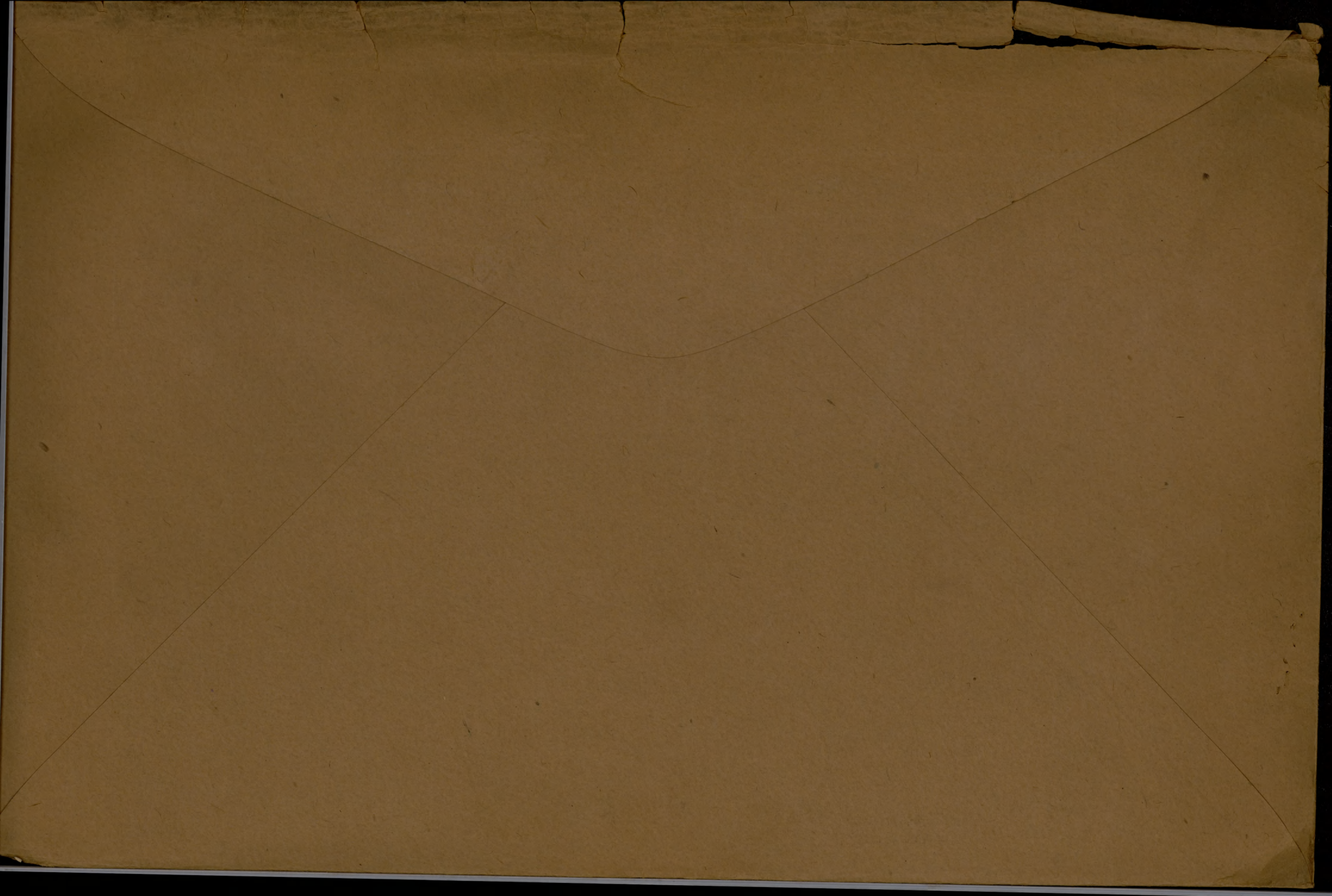
REGT. NO. *335202Y*

UNIT *1st Dep. Bn. S-R*

H. Q. FILE NO. *1282*

H

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12

Mc D.

Depot Battalion

1st Depot Battn. Sask. Regt.

Regiment

Regtl. No.

3312027

STRUCK OFF STRENGTH
ON DEMOBILIZATION
AUTHORITY

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

ORIGINAL

1. Surname Adams
2. Christian Name Clare
3. Present Address Hawarden, Sask
4. Military Service Act letter and number 16706 hb
5. Date of birth 12th February 1897
6. Place of birth Egbert, Simcoe County, Ont
(town, township or county and country)
7. Married, widower or single Single
8. Religion Church of England
9. Trade or calling Farmer
10. Name of next-of-kin Richard Adams
11. Relationship of next-of-kin Father
12. Address of next-of-kin R R No 1, Egbert, Simcoe County, Ont.
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 Regina
 - (b) Date 13th June 1918
 - (c) Category A2

DECLARATION OF RECRUIT

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

Clare Adams (Signature of Recruit)

DESCRIPTION ON CALLING UP

| | | | | |
|-------------------|--------------------|------|--------------|-------|
| Apparent age | <u>21</u> | yrs. | <u>4</u> | mths. |
| Height | <u>✓</u> | ft. | <u>6 1/2</u> | ins. |
| Chest measurement | fully expanded | | <u>36</u> | ins. |
| | range of expansion | | <u>2</u> | ins. |
| Complexion | <u>Clear</u> | | | |
| Eyes | <u>Grey</u> | | | |
| Hair | <u>D. Brown</u> | | | |

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

E. Barclay

for O.C. Depot Btln.

1st Depot Battn. Sask. Regt. Regt.

Place Regina Sask Date 13th June 1918

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3352027 (Rank) Private
Name (in full) Clare Adams enlisted in
the 1ST. DEPOT BATTALION SASK. REGT.
CANADIAN EXPEDITIONARY FORCE at Regina Sask on the 13th
day of June 1918
HE served in Canada in 1ST. DEPOT BATTALION SASK. REGT.
and is now discharged from the service by reason of Demobilization
authority C.E. 3 R. 1328.

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

Age 22 yrs
Height 5 ft. 6 1/2 in.
Complexion Clear.
Eyes Grey
Hair D. Brown

Marks or Scars
Index finger of left
hand badly mutilated
at tip.

Clare Adams
Signature of Soldier

W. Walden
Issuing Officer

Date of Discharge 6 Feb 1919

Rank Major
O.C. Moose Jaw Detachment, 1st Depot Batt'n Sask. Regt.
Appointment

Signed at Moose Jaw, Sask. this 6th day of Feb 1919

in Military District No. 12.

File Reference No. Inf. D. 1-86

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

Mobilization the
the back of this cer-
tificate will not be com-
pleted.

DENTAL HISTORY SHEET

10/1/50

10/1/50

10/1/50
10/1/50
10/1/50
10/1/50

10/1/50
10/1/50
10/1/50
10/1/50

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. 3352027 Rank Pte Surname Adams
(Given name in full) Clare
 Unit or Corps 1st D. B. S. R. Birthplace Baxter, Ont.

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

1. GENERAL DESCRIPTION:

Physique good Weight 147 lbs. Height 5 6 1/2 ft. Colour of Eyes grey
 Nutrition good
 Pulse 72
 Condition of arteries Good
 Vision Rt 20/30 Left 20/30
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

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

Index finger of left hand badly mutilated at tip.

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 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.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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 SignedM.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]

3352027

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 Clare
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 1675676.
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) Sawarden St. East

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13 day of June 1917, by the undersigned medical board sitting at Regina.

5. Age as stated 21 Years 4 Months. 6. Apparent age 21 Years Months

7. Height 5 Feet 6 1/2 Inches. 8. Weight 147 Pounds.

9. Chest measurement { Minimum 34 Ins. Maximum 36 Ins. 10. Complexion clear { Eyes Grey Hair Brown

11. Physical development good { Good Fair Poor 12. Smallpox marks none

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

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

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

(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

V.H. 20/20 H. Normal

J. O. Melton Capt. President. D. Lunny Capt. Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes entries for 14/6/18, 18/6/18, 25/6/18 with M.O. results.

Joined 13 day of June 1917 at Regina

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes entry: 1st Depo 3352027 13/6/18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT

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.

Signature of Man Adams

#16

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 Battn. Sask. Regt.

Regimental No. *3312027* Rank *Private* Name *Adams Clare*

Enlisted (a) *13th June 1918* Terms of Service (a) *6-6-7 M.S.* Service reckons from (a) *June 13th 1918*

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) *Military his 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 | | | | |
| <i>1919</i> <i>Feb. 6</i> | <i>1 DBSR.</i> | <i>S.O. on Demobilization C.E.F.R.O. 1328.</i> | <i>Moose Jaw.</i> | <i>6/2/19</i> | <i>P.O. 38. 7</i> |

Reached Major
O.C. Moose Jaw Detachment, 1st Depot Batt'n Sask. Regt.

(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.

Surname *Adams* H. Q.
Christian names *Clare* M. D. No. *12*
Regtl. No. *3352027* Rank *O/S* T. O. S. *June 15th 1918*
Unit *Sask Regt 1st Dfd Bn* D. O. Pt. II *1603* of *12-6-18*
Reason *death* S. O. S. *6-2-1919*
Auth *DO-3877-2-19 USA*

Next of kin *Adams, Richard* Relationship *Father*
Address *P. R. #1 Ebert, Ont.* Also notify:
.....
.....

BORN—Place *Canada, Ebert, Ont.* Date *Feb. 1st 1897*
ATTESTED—Place *Regina, Sask.* Date *June 13th 1918*
O/S..... R/C.....

Handwritten notes in red ink, possibly a signature or date, located in the top left corner of the page.

NAME *Adams. Glass (Clare)*

REGIMENTAL NO. *3352027*

RANK *Pte.*

ENLISTED AT *Requia*

PROMOTIONS, &c.
AND DATE

DATE *13/6/18*

IF SERVED PREVIOUSLY. STATE UNIT, &c. *nil*

MARRIED, WIDOWER, OR SINGLE *single*

NEXT OF KIN *R. Adams.*

RELATIONSHIP *Father*

ADDRESS OF *RR No. 1. Egbert. Simcoe County Ont.*

ASSIGNMENT OF PAY \$ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

| NATURE E.G. ABSENCE, PROMOTION, &C. | PART II. D. O. | | REMARKS IF IN HOSPITAL, NOTE NAME, &C. |
|--|----------------|----------|---|
| | No. | DATE | |
| HS WOP 17-8-18 | 231 | 19-8-18 | |
| 30-9-18 | | | |
| Exp HS G 31-10-18 | 269 | 26-9-18 | |
| " " 15-11-18 | 299 | 26-10-18 | |
| Roll HS 5-2-19 | 36 | 5-2-19 | |
| SOS on demobilization BEY RO. 1328. 6-2-19 | 58 | | |

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. 3352027 Rank Pvt. Name Adams C.
 Corps 1st. D.B.S.R. who was* S.O.S.
 On FEB 6 1919 to 1-7-19 Dischgd
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-7-19 191...
 to FEB 6 1919 191..., the inclusive date of transfer or discharge.

| Dr. | \$ | c | Cr. | \$ | c |
|--|-----------|-----------|---|-----------|-----------|
| Bal. Dr. from prev. month | | | Balance Cr. from prev. month | 12 | 50 |
| Advances by Cheques } No..... | | | Reg'l. Pay <u>6</u> days at \$ <u>1</u> c..... | 6 | |
| } No..... | | | Field Allow. <u>6</u> days at \$ <u>10</u> c..... | | 60 |
| Assigned Pay and Sep'n All'ce No..... | | | Separation Allowances* (Monthly) | | |
| Other charges <u>4 days N.P. @ 110</u> | 4 | 40 | Other Allowances* <u>Clothing</u> | 35 | |
| Payment on transfer or discharge No. <u>209277</u> | 49 | 70 | Other Credits* | | |
| Balance Cr. (to be paid by the new unit) | | | Bal. Dr. (to be deducted by new unit) | | |
| Total | 54 | 10 | Total | 54 | 10 |

*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned
 Pay for the month of 191.... (to) Assignee
 and Sep'n All'ce. for month of 191....
 (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 12-6-18
- (2) if married and if a Separation Allowance Card has been submitted
- (3) cause of discharge..... authority S. O. S. 6-2-19 Derno. D. O. 37
- (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 FEB 6 1919
 Place Moose Jaw, Sask.
[Signature]
 Cap. & Paymaster
 Moose Jaw Detachment 1st. D. B. S. R.
 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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE
LAST PAY CERTIFICATE

This form to be used for all ranks (Vide Article 132, 133 and 141, Financial Regulations, 1917, C.F.M., 1917)

Regiment No. _____
 Corps _____
 On _____ FEB 1919
 Last discharged or transferred _____

The following is a statement of the account of the above named from _____ FEB 1919
 to _____ FEB 1919. The inclusive date of transfer or discharge.

| By | | To | |
|----------------------------|--|----|--|
| Balance Brought Forward | | | |
| Pay for the month of _____ | | | |
| Pay for the month of _____ | | | |
| Other Credits | | | |
| Other Debits | | | |
| Balance Brought Forward | | | |
| Total | | | |

A monthly statement of _____
 Pay for the month of _____
 and salary for month of _____
 (Additional _____)
 (1) Insert amount to be assigned, whether it has been paid or not.
 (2) Insert "nil" if amount has not been paid for period of account.

On Transfer of an Officer

Amount assigned of _____ has been paid by Postmaster Military District No. _____

REMARKS

State (1) date of retirement _____
 (2) name of assignee _____
 (3) name of assignor _____
 (4) authority for transfer _____
 (5) date of assignment _____

I have carefully examined the statement of account and find it to be correct and find it to be correct extending the last day of the pay _____

NOTE—The purpose of this form is to be made out in quadruplicate. Original copy to be made out in triplicate. Original copy to accompany the pay certificate to be made out in quadruplicate. Original copy to accompany the pay certificate to be made out in quadruplicate. Original copy to accompany the pay certificate to be made out in quadruplicate.

M. F. W. 41
 1917-18 D. 13

List of Discharge Documents.

| | | | |
|------------------------------------|--------------------------|---|---------------------------------|
| Reg. Conduct Sheet, | Militia form B. 263 | Attestation Paper | Militia Form W. 23 |
| Squadron Battery } Company } | Conduct Sheet, " B. 263a | or | Particulars of Recruit " W. 133 |
| Field Conduct Sheet | | or | |
| Copies of Convictions, by C. P. | in MS. | In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge (b) Attestation. (c) Medical History Sheet. | |
| Med. Hist. Sheet, | Militia form B. 313 | | |
| Casualty Form | " W. 54 | | |
| Medical Report for Invalid§ | " B. 227 | | |
| Dental History Sheet | " B. 465 | | |
| Last Pay Certificate | " W. 44 | | |
| Duplicate Discharge Certificate | " W. 39A | | |
| ‡Form of Will | " W. 82 | | |

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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. <i>3352027</i> | |
| Rank <i>Private</i> | |
| Surname <i>Adams</i> | |
| Christian name <i>blue</i> | |
| <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small> | |
| Corps (Squadron, Battery or Company) <i>1st, DEPOT BATTALION SASK. REGT.</i> | |
| Date of discharge <i>6 Feby. 1919.</i> | |
| Place of discharge <i>Moose Jaw, Sask.</i> | |
| 1. DESCRIPTION AT THE TIME OF DISCHARGE. | |
| Age <i>22</i> years <i>7</i> months. Height <i>5</i> feet <i>6 1/2</i> inches. Complexion <i>Clear.</i> Eyes <i>Grey.</i> Hair <i>D. Brown.</i> Trade <i>Painter.</i> Intended place of residence <i>Hawarden, Sask.</i> <small>(To be given as fully as practicable.)</small> | Descriptive marks <i>Index finger of left hand, badly mutilated at tip</i> |
| 2. The above-named man is discharged in consequence of <i>Demobilization</i> | |
| <i>QO 38. 2</i> | |
| Authority for discharge <i>C.E. & R.O. 1328.</i> | |
| <small>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.</small> | |
| 3. Conduct and character while in the service have been, according to the records, etc. | |
| <small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small> | |
| 4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) | |

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

21-2-19

(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 to 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).....

(Date).....

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, and that I have received my permanent discharge certificate.

(Place) *Moose Juv. Sask.* *L. Adams* (Signature of Soldier.)

(Date) *6 Feb. 1919* *J. K. Rothwell* (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) *Moose Juv. Sask.*

W. W. W. W. W. Major
O.C. Moose Juv. Detachment, 1st Depot Batt'n Sask. Regt.
(Signature)

(Date) *6 Feb. 1919*

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.)

nil
L. Adams
W. W. W. W. W.