

S

REGIMENTAL DOCUMENTS

H

NAME *ADAMS. Gerald Simpson*

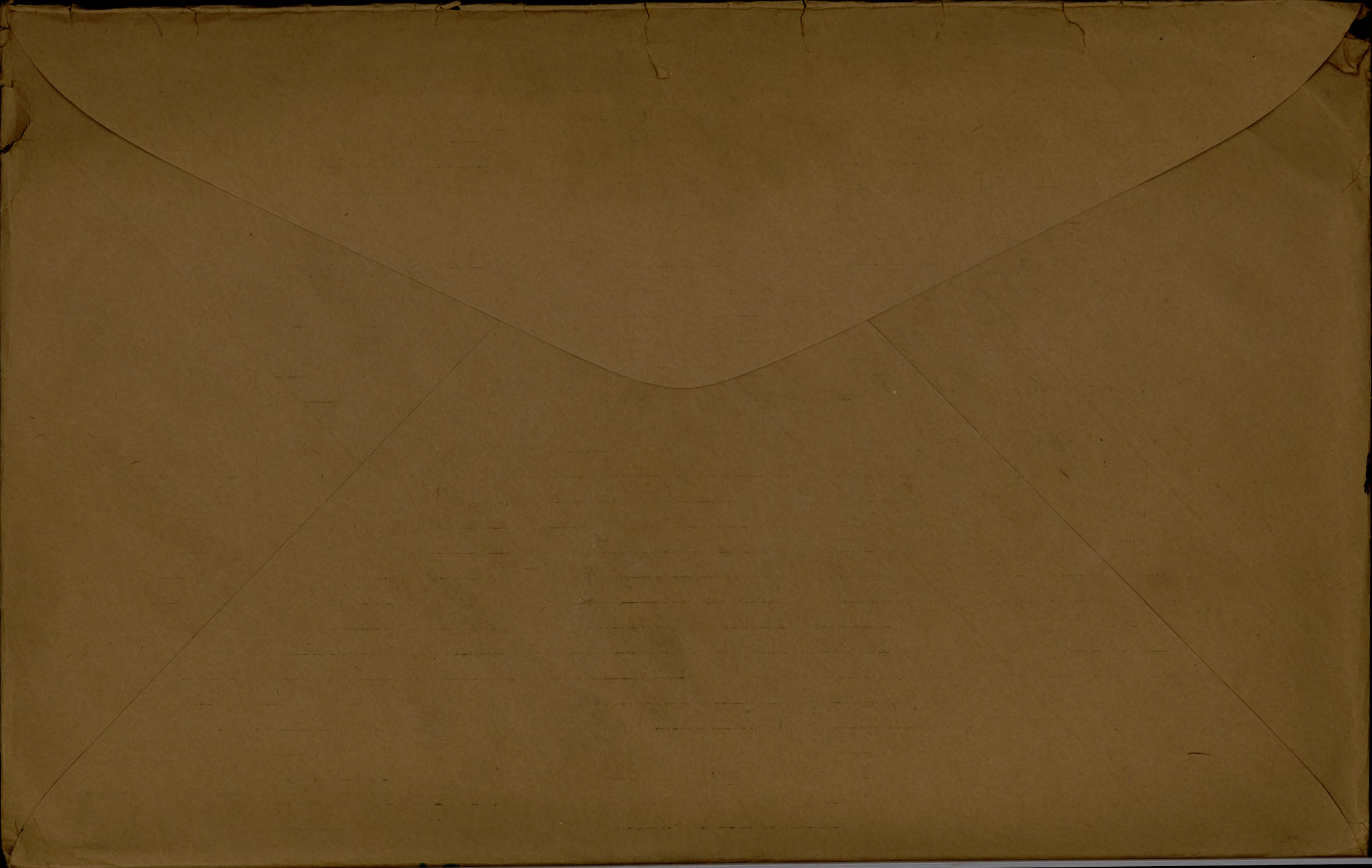
REGT. NO. *526 894*

UNIT *C.A.M.C*

H. Q. FILE NO. *1470*

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
<i>3</i> ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<div data-bbox="1534 178 1756 387" data-label="Text"><p>M</p></div> <div data-bbox="1471 407 1756 705" data-label="Text"><p>H</p></div>			DEATH
<i>/</i> CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
<i>/</i> TRAINING HISTORY SHEET (M.F.W. 11) <i>Record Sheet</i>					
<i>/</i> FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
<i>/</i> REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
<i>/</i> COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
<i>/</i> MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
<i>/</i> DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Medically unfit</i>
MEDICAL EXAMINATION (M.F.W. 129)					
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)					
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<i>2</i> LAST PAY CERTIFICATE (M.F.W. 44)					
<i>2</i> PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3225)					
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<i>M.F.W. 125</i>					
<i>M.F.W. 67</i>					
<i>6 Misc. Cards</i>					
<i>Pay sheets</i>					







*P.P.M.*

ATTESTATION PAPER.

No. 526897

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?..... Gerald Simpson
- 1b. What is your present address?..... 164 Mance St. Montreal
- 2. In what Town, Township or Parish, and in what Country were you born?..... Montreal
- 3. What is the name of your next-of kin?..... Richard W. Adams
- 4. What is the address of your next-of-kin?..... 164 Mance St. Montreal
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... 28th April 1894
- 6. What is your Trade or Calling?..... Warehouse clerk
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... 2 mos No 4 Field Ambulance  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the } Yes  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Gerald Simpson 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.

G. S. Adams (Signature of Recruit)

Date 24th January 1917. Abrome (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Gerald Simpson 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.

G. S. Adams (Signature of Recruit)

Date 24th January 1917. Abrome (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act. The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Montreal this 24th day of January 1917

R. H. Bourgeois Major (Signature of Justice)  
O.C. A.M.C. Training Depot No. 4

*C.S. 4*



Description of Gerald Simpson Adams on Enlistment.

Apparent Age.....22.....years.....9.....months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5 ft.....3 ins.

Chest measurement { Girth when fully expanded.....33 ins.  
 Range of expansion.....3 ins.

Complexion.....Fair.....

Eyes.....blue.....

Hair.....Light brown.....

Religious denominations. { Church of England.....X.....  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic.....  
 Jewish.....  
 Other denominations.....  
 (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.....Jan. 24,.....1917.....O. E. Farley,

Place.....Montreal......Capt. Home  
 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.

.....Gerald Simpson 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.

.....R. H. Bonycastle.....Major (Signature of Officer)

O.C. A.M.C. Training Depot No. 4.

Date.....24th January.....1917 .



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 526897 (Rank) Private

Name (in full) ADAMS, Gerald Simpson, enlisted in  
the C.A.M.C.

CANADIAN EXPEDITIONARY FORCE at Montreal QUEBEC on the 24th.  
day of January 1917

HE served in England

and is now discharged from the service by reason of K.R. & O. 377 (10) CH. 1917 HQ  
22-A-194 Category "C3" Medically unfit R.O. 668 HQ. 649-A-8027

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

Age 24 years 3 Months

Height 5 feet 6 inches

Complexion Fair

Eyes Blue

Hair Light

Marks or Scars Mole on right hip

G. S. Adams  
Signature of Soldier

R. W. Gee  
Issuing Officer Lieutenant,  
Officer i/c Discharge Section, District Depot No. 4.  
Rank

Date of Discharge July 26th, 1918

Appointment

Signed at Montreal QUEBEC this 26th. day of July 1918

in Military District No. 4

File Reference No. DD. 19-1-4

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. 526897 (Rank) Private Name ADAM Gerald Simpson,

Unit C.A.M.C.

Address on Discharge 164 Bruce Street Montreal QUEBEC

Character and Conduct Good

Former Occupation Warehouse Clerk

Special Qualifications of Value in Civil Life Warehouse Clerk

Medals and Decorations None

Remarks Served in England from 23-2-17 to 19-2-18

Signed at Montreal QUEBEC this 26th. day of July 1918

R. W. G. Lee  
Name of Officer Lieutenant,  
Officer i/c Discharge Section, District Depot No. 4.

Rank

Appointment



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				
18/2/18		TAKEN ON STRENGTH 1st. Quebec Regt'l, Depot	Bramshott Pt. II D.O.	18. 17/1/18	
22.2.18		1st. Que. Regt'l. Depot. ON COMMAND TO	C. D. D. Buxton		Pt. II D.O. 48-23-2-18.  Adjutant, 1st. QUEBEC REGT'L DEPOT.
MAR 19 1918		TAKEN ON STRENGTH No. 4 CASUALTY UNIT			Adjutant, No. 4 CASUALTY UNIT
APR 10 1918		T. O. S. District Depot No. 4			AUTHY. PT. II D. O. No. 1
July 26th. 1918		S.O.S. Discharged Medically Unfit Cat C3.			MD4 22-A-194/HQ.649-A-8027.  Lieutenant, Officer i/c Discharge Section, District Depot No. 4.



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

# Casualty Form—Active Service.

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

Unit, Regiment or Corps A. M. C. TRAINING DEPOT, NO 4

Regimental No. 526897 Rank Private Name Gerald Simpson Adams  
C. E. F.

Enlisted (a) 24.1.17 Terms of Service (a) C. E. F. Do/W. Service reckons from (a) 24.1.17

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) Clark, 9 m. Cores

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				
			<u>Canada</u>	<u>10.8.17</u>	
		<u>Embarked</u>			
			<u>England</u>	<u>23.8.17</u>	
		<u>Disembarked</u>			
			<u>Westenhanger</u>	<u>10.8.17</u>	<u>P. II D.O. 237.</u>
<u>25 AUG. 1917</u>	<u>C.A.M.C. A</u>	<b>TAKEN ON STRENGTH</b>			
<u>18/9/17</u>	<u>C.A.M.C. 5</u>	<b>TRANSFERRED</b> <u>to 23rd Bn. Shoreham.</u>	<u>do.</u>	<u>18/9/17</u>	<u>P. II D.O. 256/261</u> <u>W. MacLay Capt. Adjutant.</u> <u>for O.C., C.A.M.C. Depot.</u>
<u>SEP 18 '17</u>	<u>23rd. CAN. RES. BN.</u>	<b>TAKEN ON STRENGTH</b>	<u>SHOREHAM</u>	<u>SEP 18 '17</u>	<u>B.P. II. O. No. 258</u>
<u>17.1.18</u>	<u>23rd. CAN. RES. BN.</u>	<b>POSTED TO 1st. QUE. REG. DEPOT.</b>	<u>Braunschweig</u>	<u>17.1.18</u>	<u>B.P. II. O. No. 17</u> <u>W. A. Chalmers</u>
<u>18.1.18</u>	<u>do</u>	<u>attached from 1st. Q.R.D.</u>	<u>do</u>	<u>17.1.18</u>	<u>D.P. II. O. 18</u>
<u>18.2.18</u>	<u>✓</u>	<u>attachement cases</u>	<u>-</u>	<u>17.2.18</u>	<u>D.P. II. O. 48</u> <u>W. A. Chalmers</u>

(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.

Lieut. [unclear]  
1st. Q.R.D. [unclear]  
23rd. Can. Res. Bn.



DENTAL CERTIFICATE

The following Certificates will  
 be attached to the Medical History Sheets of all  
 Other Ranks being returned to Canada for disposal.

Recommendation.	Has he ever declined Dental Treatment.	In case of loss or decay of teeth, is the loss due to wounds, injury or disease directly attributed to Active Services?	Present Dental Condition.	Date of Examination.



C.A.D.C. 5009-10M.

3494-30-8-17.

526897

# DENTAL CERTIFICATE.

4

Adams, G. J.

The following Certificates will

be attached to the Medical History Sheets of all

1-Q.R.D.

Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
11-2-18	Fit			F. J. Quinn Capt. C.A.D.C.



To be made out in duplicate.

H.Q. 54-21-23-53

A. M. C. TRAINING DEPOT No 4

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins. A. M. C. TRAINING DEPOT No 4

(2) Regimental Number 526897

(3) Full Name of Soldier Gerald Simpson Adams

(4) Place of Birth Montreal  
Canada

(5) Are you married, or not? No

(6) If married, state,  
(a) Full name of your wife not applicable

(b) Present Postal Address not applicable

(7) Are you a widower? No

not applicable

(8) Have you any children?

If so, give number of boys and girls not applicable

not applicable

Also their names and ages



(9) Is your Father alive?.....Yes.....

If so, state name and address Richard William Adams. 164 Mance St. Montreal

(10) Is your Mother alive?.....Yes.....

If so, state name and address Elizabeth Mary Adams

.....address above.....

(11) If your Mother is a widow.....

not applicable

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

not applicable

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

not applicable

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

not applicable

15) Are you insured?.....No.....

not applicable

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....not applicable

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

R. H. Bonycastle, Major,  
O.C. A.M.C. Training Depot No. 4.  
Officer Commanding.

Date...24th January 1917....



# 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. 526897 Rank Pte Name ADAMS G.S.

Corps 1st R.R.D. who was\* Discharged

On 25th July 1918, to.....

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st July 1918, to 25th July 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No..... <u>611</u> .....	<u>20.00</u>		Reg'tl Pay <u>25</u> days at \$ <u>1.00</u> .....	<u>25.00</u>	
by } No..... <u>1604</u> .....	<u>35.00</u>		Field Allow. <u>25</u> days at \$ <u>0.10</u> .....	<u>2.50</u>	
Cheques } No..... <u>683</u> .....	<u>15.00</u>		Separation Allowances* (Monthly).....		
Assigned Pay and Sep'n Allce. No.....			Other Allowances* <u>C.G.</u> .....	<u>35.00</u>	
Other charges.....			Other Credits* <u>Subs. 25 days @ 80¢</u> .....	<u>20.00</u>	
Payment on transfer or discharge No <u>1612</u> .....	<u>47.40</u>		Bal. Dr. (to be deducted by new unit).....	<u>33.00</u>	
Balance Cr. (to be paid by the new unit).....					
<b>Total.....</b>	<b>117.40</b>		<b>Total.....</b>	<b>117.40</b>	

\* Give particulars.

A monthly stoppage of \$ 15.00 (†) has been (‡) been paid on account of Assigned Pay for the month of July 1918 and Sep'n Allce. for month of July 1918 (to) Assignee Miss W.M. Adams  
 (Address) 164 Manoe St., Montreal, Que.

(†) 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 22-1-17
- (2) if married and if a Separation Allowance Card has been submitted Nil
- (3) cause of discharge..... authority M.D.D.G. 22-1-194
- (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.....

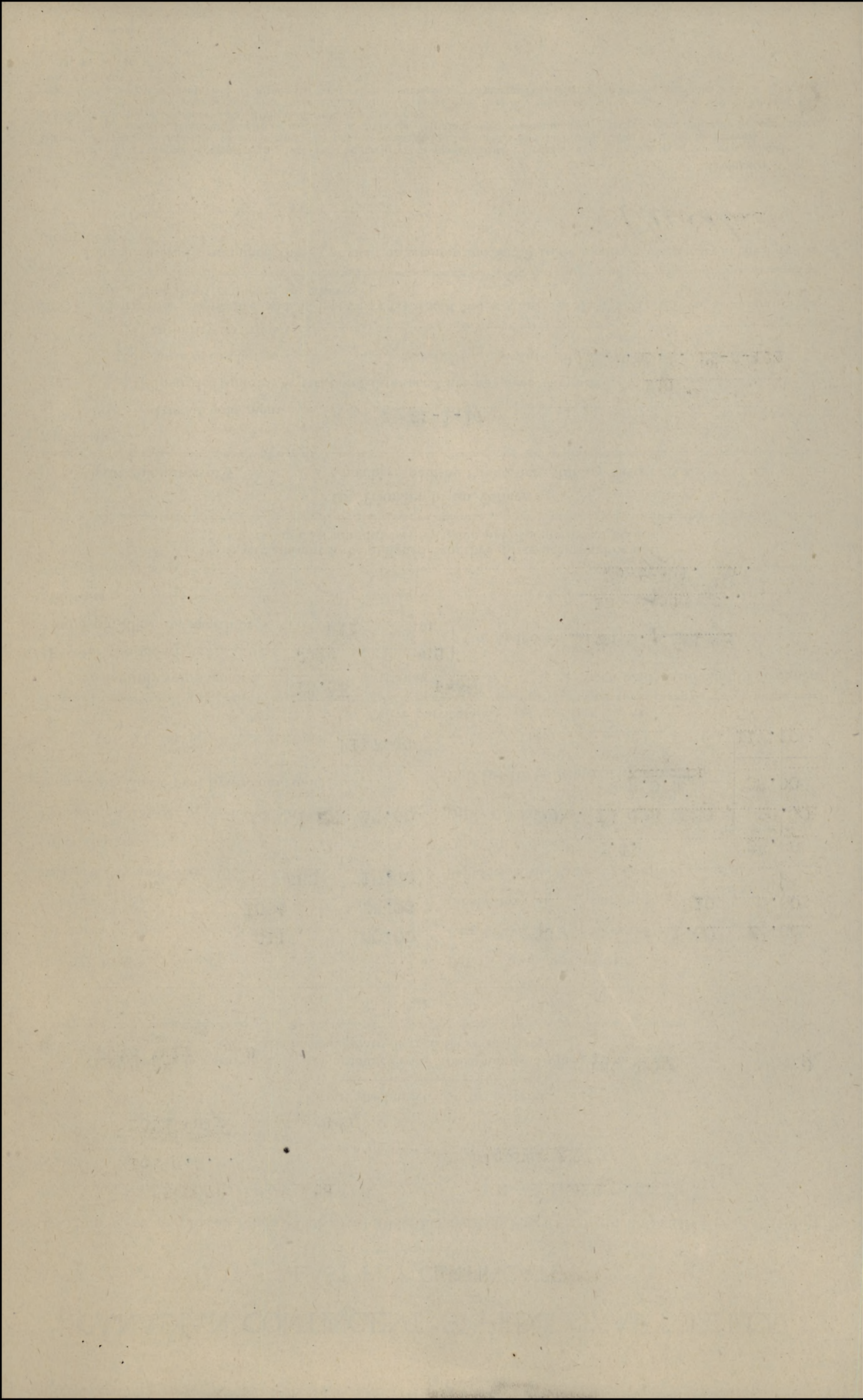
Place.....

*Chuvah*

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.







A. M. C. TRAINING DEPOT NO 4 *Class B<sup>II</sup>*  
**MEDICAL HISTORY SHEET**

**ORIGINAL**

#526897

Surname Adams Christian Name Gerald Simpson

Examined { on 23<sup>rd</sup> day of Jan 1917  
 at Montreal

Approved by O. E. Farley  
 Rank Capt. A.M.C. M.O.

Birthplace { City or Town Montreal  
 County P.Q.

Apparent age 22

Trade or occupation Warehouse clerk

Height 5 feet 3 inches

Weight 119 lbs.

Chest measurement { Minimum 30 inches

{ Maximum expansion 33 inches

Physical development good

Small-pox Marks none

Vaccination Marks { Arm Right Left  
 Number 1 1

When Vaccinated last childhood

(a) Marks indicating congenital peculiarities or

previous disease nil

(b) Slight defects but not sufficient to cause rejection

Vision Rt D 75

" Lt D 200

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<i>Class B<sup>II</sup></i> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>MAR 23 1917</u>		<u>V.H.V. Parker Lieut A.M.C.</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>FEB - 5 1917</u>		<u>O. E. Farley Capt. A.M.C.</u> M.O.
<u>FEB 12 1917</u>		<u>W. Roberts Capt. A.M.C.</u> M.O.
<u>FEB 23 1917</u>		<u>W. Roberts Capt. A.M.C.</u> M.O.

Enlisted on 24th day of January 1917 at Montreal

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>A.M.C Training Depot # 4</u>	<u>526897</u>		<u>24.1.17</u>
Transferred to	<u>23<sup>RD</sup> RESERVE BATT<sup>N</sup> C.E.F.</u>			<u>MAR 19 1918</u>
	<u>TAKEN ON STRENGTH No. 4 CASUALTY UNIT</u>			

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD**

STATION	DATE	DISEASE	RESULT
<u>Branchott.</u>	<u>10/1/18</u> <u>19/2/18</u>	<u>Def. Vision</u> <u>as above</u>	<u>Btl 47 Heavy</u> <u>MEDICAL BOARD, BRAMSHOTT.</u>
<u>Montreal</u> <u>No. 4, Casualty Unit.</u>	<u>APR 16 1918</u>	<u>with glasses 20/60</u> <u>not likely to be raised</u> <u>C1</u>	<u>Btl A.F. B. 179</u> <u>MEDICAL BOARD, BRAMSHOTT.</u> <u>W. Roberts Capt. A.M.C.</u>

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.



Surname Adams Christian Name Gerald Simpson

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
Montreal	24.1.17										
D.M.H. Montreal Que.		13	4	18	16	4	18	Defective vision 3	Discharged to C.A. & D.O. for transfer to O.C. Casualty Unit M.D.#4	<p><i>Exam. of eyes shows that no glasses can improve his vision</i></p> <p><i>Complaints of irritation of right eye below upper lid. Small foreign body of Cornea - Removed. True-Took. Category B.</i></p>	
J.M.S. Montreal		14	6	18	12	7	18	do			

*[Signature]*  
 Capt. A.M.S.  
 M/O to C.N.C.H. and D.C.H.

*[Signature]*  
 Capt.  
 M.O. Eye & Ear Dept.  
 Drummond Mil. Hosp.



# EXAMINATION

BY

## STANDING MEDICAL BOARD, BRAMSHOTT.

June 10 1918

No. 526897 Rank Pt Name ADAMS GS

Local Unit 23rd Re. Bn Overseas Unit Age 23

Examination held in Bramshott area.

DISABILITY. DEFECTIVE VISION

Overseas—<sup>Local with B.</sup> Local  
(scratch one out)

### PRESENT CONDITION.

Spec. Report.  
R.E. 4/60 RE 3/60  
w/out gl. R.E. 1/12 + RE 1/12.  
R myopia astigmatism  
L myopia eye w/w weight  
otherwise fit

Board recommends: B II

1. Fit for Duty.
2. Fit for duty after \_\_\_\_\_ weeks physical training.
3. Fit for Base duty \_\_\_\_\_ weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures: J. H. Mayhew Major Pres.

Members: W. H. Beattie Capt  
W. R. Stackhouse Capt

Approved.

Bramshott 10-1-1918 M. Macfarlane

for A.D.M.S. and G.O.C.,  
Canadian Troops, Bramshott.



Number

101

Address

Members

Page

Signature

3. Discharge

4. Fit for Permanent Base Duty

3. Fit for Base duty weeks

2. Fit for field duty weeks physical training

1. Fit for Duty

Board recommendation

PRESENT CONDITION

(Initials of Examiners)  
(Signature of Doctor)

DISABILITY

Examination held in Bramshott area

Local Unit

Overseas Unit

Age

No

Rank

Name

101

STANDING MEDICAL BOARD, BRAMSHOTT  
BY  
EXAMINATION



DENTAL HISTORY SHEET  
CANADIAN ARMY DENTAL CORPS MO DISTRICTAL, Q.I.E.

NAME OF SOLDIER

*Adams, J.*

REGIMENT

*Samb*

RANK

*Pte*

No.

*526897*



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.

*good*

Date	Amalgam Temporary Filling (a) (G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
										U	L	P			Gold	Porcelain				
1918	2.3.5 6.14 7.18.30 31.32	4																		
June 28									16 15											Treated in England
" "																				Recommended for discharge 6/28/18 Capt. Leuninger

*A4*

*Capt. Leuninger*

*Treated in England*  
*Recommended for discharge*  
*6/28/18*  
*Capt. Leuninger*



DENTAL HISTORY SHEET

PATIENT'S NAME: [Faintly visible text]

DATE: [Faintly visible text]

PREVIOUS DENTAL WORK: [Faintly visible text]

PRESENT COMPLAINTS: [Faintly visible text]

EXAMINATION

PERIODONTAL

RADIOGRAPHS

PROSTHETICS

ORTHODONTICS

PERIAPICAL

CEPHALIC

STRAVINSKY

STRAVINSKY

STRAVINSKY

STRAVINSKY

STRAVINSKY

STRAVINSKY

- 1. Condition of teeth
- 2. Condition of periodontium
- 3. Condition of pulp

General condition of teeth and periodontium

Condition of pulp and periapical area

Condition of periapical area

Condition of periapical area

INSTRUCTIONS



# CASE HISTORY SHEET.

D. M. C. Hospital. Montreal Station.  
No. 526897- Rank Pte. Name Adams (G) Age 23.  
Unit A/O 4 Completed years of service } C 8/12 G 7/12  
Date of admission 13.4.8 Date of discharge July 19/1918  
Diagnosis Compound myopia Astig Eye Place of origin ?

## CONDITION ON ADMISSION AND PROGRESS OF CASE.

Complaint of poor vision in each eye.  
Pupils equal regular and set  
Fundus normal.  
R.E.V. 9/20 15° - 2.50 - 1.50 2/30  
L.E.V. 3/20 - 7.00 3/30.

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Negative

## TREATMENT

(Especially any specific or special form.)

Glasses recommended

## CONDITION ON DISCHARGE,

(and disposal made of case.)

As on admission

Date

W. G. ...  
M.O. Eye & Ear Dept.  
Medical Officer i/c case Mil. Hosp.



51



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name *Adams, G.A.*  
Surname Christian Name

Regimental Number *526897* Rank *Pte*

Unit *6am 6*

Original Unit

District where paid *3rd LH*

Date of Discharge

P. D. P. Filing Number *2-164-4*

Address (in full) *164 Mance St.,  
Montreal*

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

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments 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		
100 10	3635	26-8-18	33 00	6383	26-9-18	34 10				33 00	67 10

M. F. W. 127.  
25M.—8-18.  
1772-39-1140.

Remarks:



File No. 094 956

**WAR SERVICE GRATUITY.**

Register No. 2571

*d. h.*

Reg. No. 526897 *Plt. Capt*

Dependent Wife

Name Adams Gerald S.

Address 164 Mauncie St.

Address Montreal Que

Pay Soldier \$ 179.90

Pay Dependent \$

O	Ag. No.	Ch. No.	Amount	Ag. No.	Ch. No.	Amount
1						
2						
3						
4						
5						
6						
			Total			

Days 122 Rate 70.00 Due 280.00

Less P.D.P. credited 100.10

Less further Dr. Bal. or overpayment.

Net 179.90

*ROW 104  
11-19*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
16-8-19	6318	497240	70 00	8-8-19	1			
26/9/19	16394	513372	70 00		2			
3 16/9/19	21315	519167	39.90	17/9/19	3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

*should be envelope  
Eng sh's sa sh's  
possibly under  
"G" over*

*76*

GEN'L AUDITOR  
Posting checked by  
*Louise*  
Date 6/8/19



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 18m.-4-17.  
 1772-39-819.

Sheet No. 2. *Miss W M. Adams*  
 (Assignee)

Name of Soldier *Adams G. S.*

PAYMENTS.

L. L. Job 19227-M. & D. 7814.

*526897*

*AMC. J.D. No 4 pli*

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>15<sup>00</sup></i>	<i>AUG 1 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.		<i>B 36706</i>	<i>15</i>	<i>20</i>
Sept.		<i>X 33307</i>	<i>15</i>	<i>20 30<sup>00</sup> ✓</i>
Oct.				<i>X</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 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.				



LTR

Rank

Name

ADAMS, Gerald Simpson

Reg'l No.

526897

Unit

No 1 Dft. CAMC. TD No 10 to CAMC. TD

If in perm. Corps, }  
What Unit? }

Married or Single

Single.

Place and Date of Enlistment

Montreal. 24th Jan, 1917.

Place of Birth Montreal.

Name and Address, Next-of-Kin

Richard W. Adams.

164 Mance St, Montreal. Canada.

Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 12017  
File R.L.  
Category. *Ch. Com*

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—9546-16.

19

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived In England	23-8-17		
25-8-17	C A M C T O S		Shorncliffe	10-8 17	PT 2 D O 237
18-9-17	do	S.O.S. to 23rd Res. Bn. Whanganui		18-9-17	26/1723 Res Pte 0258 d/18-9-17
17. 1. 18	23 Re	S.O.S. to 1st Bn. R.O.	Behott	17. 1. 18	17
18. 1. 18	"	Attached	"	17. 1. 18	DO #180/21. 18 1st Bn R.O. 18
18. 2. 18	1st Bn R.O.	Can be att 23	"	17. 2. 18	43
23. 2. 18	"	On Comd. S.D.D.	"	23. 2. 18	48
15. 3. 18	"	Having proceeded to Canada for disposal by the A.G. case. in Comd. CWO & 6 S.O.S.	"	27. 2. 18	65

*K  
come*







MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

M. F. W. 12.  
 25m-4-17.  
 H. Q. 1772-39-819.

To Whom *Miss W. M. Adams*  
 Address *164 Mance St*  
*Montreal Que*

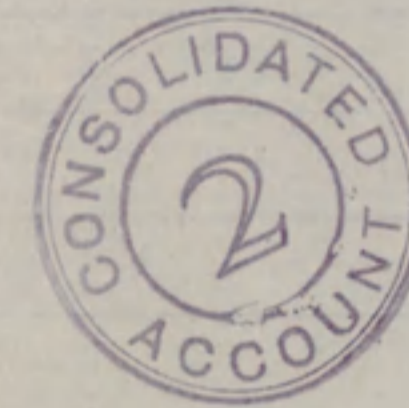
By Whom Assigned *Adams G. S.*  
 Regtl. No. *526897*  
 Rank *pl.*  
 Corps *A.M.C. Y.D. no 4*

Rate *152*

*AUG 1 1917*

PAYMENTS

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





● 202 X



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*aug 1st 17*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15-</i>			
------------	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

*12/24  
15/17*

No. *526897*  
 Rank *Pte* Promoted Reverted Discharge  
 Soldier's Name *G. S. Adams*  
 Battalion *A. M. C. T. L. 904*  
 Beneficiary  
 Relationship  
 Address

Name *Miss W. M. Adams*  
 Address *164 Grace St Montreal Que*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Sept 30</i>	<i>17</i>		<i>30</i>	<i>30</i>
<i>Oct</i>	<i>B 50426</i>		<i>15</i>	<i>15</i>
<i>Nov</i>	<i>B 57124</i>		<i>15</i>	<i>15</i>
<i>Dec</i>	<i>B 57713</i>		<i>15</i>	<i>15</i>
<i>Jan 18</i>	<i>B 64165</i>		<i>15</i>	<i>15</i>
<i>Feb</i>	<i>B 90402</i>		<i>15</i>	<i>15</i>
<i>Mar</i>	<i>B 97627</i>		<i>15</i>	<i>15</i>
			<i>120</i>	<i>120</i>

REMARKS  
*AP*.....A/c Closed *31-3-18*  
 Ret'd per. *As per plan*  
 Date *21-3-18* F.X. *23-2-18*  
 Clerk *C. E. G. M.*  
*M 190 210 und 23-3-18*

M. F. W. 128.  
 40501. 6-17-1772-33-1141  
 L. L. 23320-M. & D. 1933.









REMARKS .....

Blank lined area for writing remarks.



note 9. 15 40425-  
REG. NO. 526807 NAME Adams (SURNAME FIRST)  
RANK Pte CORPS D/D #4  
AGE 23 SERVICE 13/12  
NAME OF HOSPITAL Drummond Hill PLACE Montreal  
DATE OF ADMISSION 13-4-18  
DISEASE Compound Hyper astig  
DISCHARGE 19-7-18  
OPERATION  
DISCHARGED TO DUTY ?  
TRANSFERRED TO  
DISCHARGED BY MEDICAL BOARD







No. 5-26897 RANK Pte.

NAME Adams G. S.

Gerald Simpson

T. O. S. 24/1/17

UNIT

A. M. C. Training Depot - No 4

D.O 24 of 24/1/17

M. D. 4

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917	1917			
Jan 24	Jan 31	✓		
Feb.		✓		
Mar.		✓		
April		✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		



MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

*Warehouse Clerk*

RELIGION

*Church of England*

DESCRIPTION.

APPARENT AGE

*22*

YEARS

MONTHS

HEIGHT

*5*

FEET

*39*

INCHES

CHEST MEASUREMENT

*33*

INCHES

EXPANSION

*3*

INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Light brown*

DISTINGUISHING MARKS

*not stated*

MEDICAL EXAMINATION.

PLACE

*Montreal, P.Q.*

DATE

*Jan. 24<sup>th</sup>, 1917*

*Present Address. 164 Jeanne Mance St., Montreal P.Q.*



SURNAME.

Adams

CHRISTIAN NAMES

Gerard Simpson

REGL. NO.

526897

RANK

Pte

UNIT

~~A. M. C. (D. D. no 4) (10<sup>th</sup> R. D.)~~

FORMER CORPS

Imons, 4<sup>th</sup> Field Ambt.S.O.S. D no 26-7-18<sup>th</sup>  
M. U. FOLL.  
~~103~~ 103 of 30-7-18

= 4 D.D.

NEXT OF KIN.

NAMES IN FULL

Adams, Richard W.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

164 Jeanne Mance St.  
Montreal, P. Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada Montreal, P. Q.

DATE

Apr. 28<sup>th</sup> 1894

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Jan. 24<sup>th</sup> 1907O/S 12-8-17-  $\frac{904}{2}$ R/C 16/3/18  $\frac{4}{11}$  #4



Name *Adams G.* File No. *19-A-4* Reg. No. *526894*

Rank *Pte* Batt. *6 a m 6* Age *23* Church *6 S* ~~Major~~ Trade Occupation *Warehouse Clerk*

Date of Admission Home Address

Next of Kin *Rw Adams* *164 Manoe St. Montreal*

Port of entry and date of arrival *19-3-18*

First Leave to Extended to

Convalescent period recommended by Dis. Depot to

Date of Unit Board Recommended { Further Treatment Discharge

Discharged to Class Date Conduct on Discharge

*Montreal 24<sup>th</sup> Jan/1917* D. of D.

**APR 18 1918** Date

**TAKEN ON STRENGTH CASUALTY CO.** Remarks

Part II. Order

*14-4-18*

*Admitted Hospital 13-4-18*

*D R H*

*103-13-4-18*

**MAY 2 1918** Date

*Posted to H. O for duty with subsistence effect 10/4/18*

*14-7-3*

*July 26th. 1918 SOS Discharged Med Unfit. Cat C 3 HQ.649-A-8027.*



DATE

REMARKS

Part II. Order





This space to be for numbers  
MILITARY ENLISTMENT NO. 4  
JUL 29 1918  
M.D. 4

D.C.O.

### Proceedings on Discharge.

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

No.	526897
Rank	Private
Surname	ADAMS.
Christian Name	Gerald Simpson
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	C.A.M.C.
Date of Discharge	July 26th. 1918.
Place of Discharge	Montreal QUEBEC
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....24.....years.....3.....months.	Descriptive Marks
Height.....5.....feet.....4.....inches.	
Complexion Fair	Mole on right hip
Eyes Blue	
Hair Light	
Trade Warehouse Clerk	
Intended place of residence	164 Mance Street Montreal QUEBEC
<small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of K.R. & O. 377 (10) C.M. 1917 MD4 22-A-194 Category "C3" HQ. 649-A-8027 Medically unfit R.O.#668	
<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.	
— Good —	
<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.)	
Warehouse Clerk	

M. F. B. 218.  
100M.—1-17.  
H. Q. 1772-39-113.

(OVER)

### List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
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 (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
<small>*Only if discharged "Medically unfit."</small>	

*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.*



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.....

Served in England from 23-8-17 to 19-3-18

NONE

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) Montreal QUEBEC

*R. Ryce*

Lieutenant,

Officer i/c Discharge Section, District Depot No. 4.  
Commanding

(Date) July 26th. 1918

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Montreal QUEBEC

*G. S. Adams*

(Signature of Soldier.)

(Date) July 26th. 1918

*J. J. Patterson*

(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) Montreal QUEBEC

*R. Ryce*

Lieutenant,

Officer i/c Discharge Section, District Depot No. 4.  
(Signature)

(Date) July 26th. 1918

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.)

NO RESERVATIONS

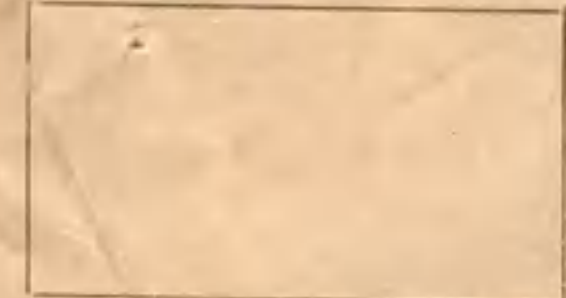
*G. S. Adams*



lost

B

This space to be left blank for the Chelsea Number.



### Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>526894</u>	Army Rank <u>Pt.</u>
Name <u>Adams Gerald Simpson</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1<sup>st</sup> QRD</u>	
Battalion, Battery, Company, Depot, &c. <u>B. A. M. C.</u> <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	
1. <u>Description at the time of discharge.</u>	
Age <u>23</u> years _____ months	Descriptive marks.
Height <u>5</u> feet <u>4</u> inches	
Chest measure- ment { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion _____	
Eyes _____	
Hair _____	(H)
Trade <u>Student</u>	
Intended place of residence (To be given as fully as practicable) <u>Montreal Que.</u>	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of _____	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:—	
_____	
_____	
_____	
_____	
_____	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer. _____	
Army Form B. 2088 has been issued to*	

### LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to re-serve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any). (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

### Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178.)

To be filled in on the soldier quitting the Colours.

D  
W.B.

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5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

*Local Cas*

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_ Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) \_\_\_\_\_ (Signature of Soldier.)

(Date) \_\_\_\_\_ (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 at 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 towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " " "

Total ... .. " " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_ Signature \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

\_\_\_\_\_



J. A. & A. P.  
H. R.

164  
094-956  
DEPARTMENT OF MILITIA AND DEFENCE.

DEMobilIZATION  
Pay Section  
JUL 15 1919  
Military District No. 4  
MONTREAL.

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. 526897 2. Rank Private 3. Original C.E.F. Unit B. A. M. C.  
 4. Christian Names Gerald Simpson 5. Surname Adams  
 6. Address, in full, to which future payments of gratuity are to be forwarded  
164 Mance St.  
Montreal P. Q.

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.)
1st Enl.	<u>526897</u>	<u>Pte.</u>	<u>CANADIAN SERVICE. Active B. C. F.</u>
2nd Enl.			
3rd Enl.			
4th Enl.			
Imp. Enl.			<u>IMPERIAL SERVICE.</u>

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
1st Enl.	<u>Jan 24, 1917</u>	<u>July 26, 1918</u>	<u>Pte.</u>	<u>O.D. # 4</u>	<u>Montreal</u>	<u>Medically Unfit</u>
2nd Enl.						
3rd Enl.						
4th Enl.						
Imp. Enl.				<u>IMPERIAL SERVICE.</u>		







