

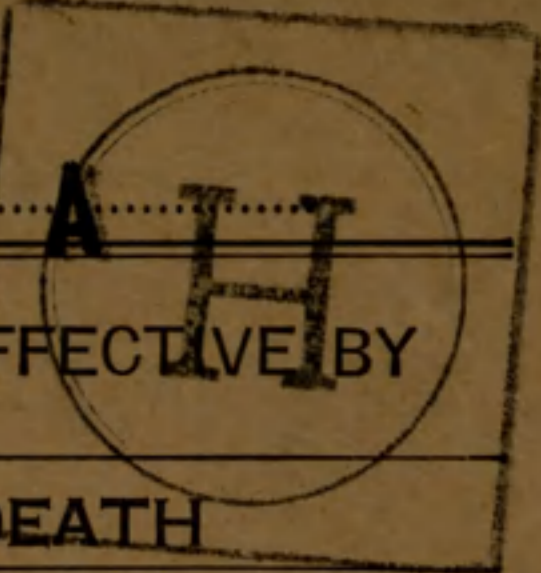
C.E.F. REGIMENTAL DOCUMENTS

NAME **ADAMS, HAROLD**

REGT. No. **3058005**

UNIT **C.A.S.C.**

H. Q. FILE No. **1483**



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DEMOB.
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)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
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)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					

No. 3

M. D.

Depot Battalion 1st Depot Bn., E.O. Regt. C.E.F. Regiment

ORIGINAL

Regtl. No. 3058005.

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

- 1. Surname..... Adams.
- 2. Christian name..... Harold.
- 3. Present address..... 50 Robinson St. Peterboro, Ont.
- 4. Military Service Act letter and number..... P. C. 926740.
- 5. Date of birth..... 20th. June 1896.
- 6. Place of birth..... Peterboro, Ont.
(town, township or county and country)
- 7. Married, widower or single..... Single.
- 8. Religion..... Church of England.
- 9. Trade or calling..... Student.
- 10. Name of next-of-kin..... Frank Adams.
- 11. Relationship of next-of-kin..... Father.
- 12. Address of next-of-kin..... 50 Robinson St. Peterboro, Ont.
- 13. Whether at present a member of the Active Militia..... No.
- 14. Particulars of previous military or naval service, if any..... No.
- 15. Medical Examination under Military Service Act:—
(a) Place..... Peterboro, Ont. (b) Date..... 6th. Oct. 1917. (c) Category..... A.2.

DECLARATION OF RECRUIT

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

Harold Adams (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	21	yrs.....	mths.....	} Distinctive marks, and marks indicating congenital peculiarities or previous disease. None.
Height.....	5	ft.....	4 ins.	
Chest measurement } fully expanded.....	}	34 ins.		
		range of expansion.....	2 ins.	
Complexion.....	Fresh			
Eyes.....	Brown			
Hair.....	Brown			

O. C. Smith
O. C. 1st Depot Bn., E.O. Regt., C.E.F. Depot Bn. Lt. Col. Regt.

Place Kingston, Ont. Date 30th. April 1918.

✓

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3058005 (Rank) PRIVATE

Name (in full) ADAMS, Harold, enlisted in

the 1st D. Bn. R.O. Regt. transferred to C.A.D.C. M.D. No. 2

CANADIAN EXPEDITIONARY FORCE at Kingston, Ontario on the 30th.

day of April 1918

HE served in CANADA

and is now discharged from the service by reason of "Demobilization". R.O. 1324
Dental Student

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

Age 21 years

Height 5 ft 4 inches

Complexion Fresh

Eyes Brown

Hair Brown

Marks or Scars

Harold Adams
Signature of Soldier

Wm. G. ...
Issuing Officer

Date of Discharge January 27th., 1919

W. ...
Rank Lieut.-Col.
A. D. of D. S., M. D. No. 2

Signed at Toronto, Ont. this 27th. day of January 1919

in Military District No. 2

File Reference No. _____

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. 3058005 (Rank) Private Name ADAMS, Harold,

Unit

C.A.D.C. M.D. No. 2.

Address on Discharge

50 Robinson St. Peterboro, Ont.

Character and Conduct

Former Occupation

Student

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at Toronto, Ontario. this 27th. day of January 19 19

Wm Gilbert Lieut
Name of Officer

W Adyt for
Rank

A. D. of D. S., M. D. No. 2 Lieut.-Col.
Appointment

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3058005 (Rank) PRIVATE

Name (in full) ADAMS, Harold, enlisted in
the 1st D.Bn. E.O.Regt. transferred to C.A.D.C. M.D. No. 2.

CANADIAN EXPEDITIONARY FORCE at Kingston, Ontario on the 30th.,
day of April 1918

HE served in CANADA

and is now discharged from the service by reason of "Demobilization". R.O. 1324
Dental Student

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

<p>Age <u>21 years</u></p> <p>Height <u>5 ft 4 inches</u></p> <p>Complexion <u>Fresh</u></p> <p>Eyes <u>Brown</u></p> <p>Hair <u>Brown</u></p>	<p>Marks or Scars</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
--	---

Harold Adams
Signature of Soldier

W. Robert Leitch
Issuing Officer

Date of Discharge January 27th., 1919

W. Robert Leitch
Rank Lieut.-Col.
A. D. of D. S., M. D. No. 2
Appointment

Signed at Toronto, Ont. this 27th., day of January 1919

in Military District No. 2

File Reference No.

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit 3058005 Private ADAMS, Harold,

Address on Discharge C.A.D.C. M.D. No. 2.

Character and Conduct 50 Robinson St. Peterboro, Ont.

Former Occupation

Special Qualifications of Value in Civil Life Student

Medals and Decorations

Remarks

Signed at Toronto, Ontario. this 27th. day of January 1919

W. G. Gilbert, Lieut.
Name of Officer

W. A. D. S. for
Rank

Lieut.-Col.
A. D. of D. S., M. D. No. 2
Appointment

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 Bn., E.O. Regt., C.E.F.

Regimental No. 3058005 Rank Pte Name Adams Harold

Enlisted (a) 30/4/18 Terms of Service (a) C.E.F. Service reckons from (a) 30/4/18

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) Dental Student.

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>1/5/18</u>	<u>1st Depot Bn. E.O.</u>	<u>Transferred to C.A.D.C.</u>	<u>Xington</u>	<u>3/5/18</u>	<u>D.O. # 123</u> <u>[Signature]</u> <u>Capt. & Adjt.</u> <u>1st Depot Bn., E.O. Regt., C.E.F.</u>
<u>14-1-19</u>	<u>S.O.S.</u>	<u>Transferred to the C.A.D.C.M.D.No 2</u> <u>Auth H.Q. Telegram 11717</u> <u>3MD 26-6-172 dated 28-11-18.</u> <u>Discharged from CADC MB 2</u> <u>27-1-19, Daily Order 25</u> <u>of 25-1-19</u>			<u>[Signature]</u> <u>C. A. D. C., M. D. 2</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.

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				

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 Harold.
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
 3. Consecutive number on schedule of men reporting for service (if he appears on it) MC 926740
 4. Address (including street and number, if any)..... 50 Robinson St. Peterboro, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 6 day of Oct. 1917, by the undersigned medical board sitting at Peterboro, Ont.

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

7. Height 5 Feet 4 Inches. 8. Weight 120 Pounds.

9. Chest measurement { Minimum 32 Ins. Maximum 34 Ins. } 10. Complexion Fresh. { Eyes Brown. Hair Brown.

11. Physical development Good. { Good Fair Poor } 12. Smallpox marks None.

13. Number of vaccination marks { Right arm 0 Left arm 0 } 14. When vaccinated last Never.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease None.

16. Slight defects but not sufficient to cause rejection None.

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.

(SGD). G.S. Sameron Major. President.

(SGD). J.H. Eastwood Major. Member. (SGD). T. NEWTON Greer Capt. Member.

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

Joined 30th day of April 1918 at Kingston

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Bn., E.O. Regt., C.E.F.</u>			
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Ex Camp.</u>	<u>22/1/19</u>	<u>-</u>	<u>As Warrant Officer</u>

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 Harold Adams

McCreary Capt. A.M.C.
 D/ A.D.M.S. Mil. District No. 5
 For A.D.M.S. Mil. District No. 3
 Certified copy

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT 3

NAME OF SOLDIER

Adams A.

REGIMENT

C.A.D.C.

RANK

Pfc

No.

3088005



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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoes	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	<i>Dec 15/18</i>														<i>3</i>				<i>Sgt. R. Melton</i>		<i>Complete.</i>	
<p>DISCHARGE EXAM. CASUALTY Co. # 2 D.D. Certificate issued for Date <u><i>Jan 27/19</i></u> <i>Dentally fit</i></p>																						
<p><i>owanning</i></p>																						

INSTRUCTIONS

1. The candidate must appear in person at the examination centre on the date and time specified in the advertisement.

2. The candidate must bring with him/her the following documents: (a) Original and two copies of the application form filled in and signed by the candidate.

REMARKS

REASON

REMARKS

REASON

DISCHARGE EXAM
QUALITY CO. S.D.D. Certificate issued for
Date _____

QUALITY CO. S.D.D. CERTIFICATE
JAINES YAROTSIM JATINAD

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. 3058005 Rank Pte Surname A D A M S
(Give name in full)

Unit or Corps C. A. D. C. Birthplace Patet, W. Va.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 127 lbs. Height 5 ft. 4 1/2 in. Colour of Eyes Brown
 Nutrition Good
 Pulse 84
 Condition of arteries Good
 Vision Rt. 20 Left 20
 Hearing (conversational voice) Rt. 25 ft. Left 25 ft.

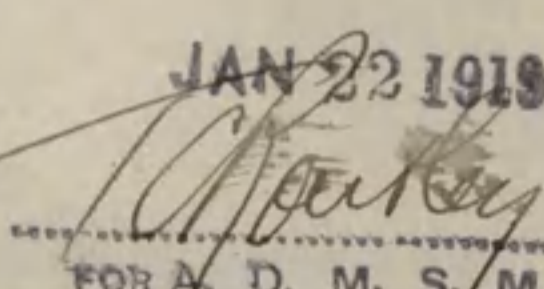
Identification marks, scars, or deformities.
(Give cause and date of origin.)
Scar, plantar surface
RI wrist.

Opinion as to general health and physical condition As

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 Normal Genito Urinary System Normal Cardio-Vascular System Normal
 Special Senses Normal Integumentary System Normal Respiratory System Normal
 Disturbance of mentality Normal Muscular System Normal Digestive System Normal
 Osseous and Joint System Normal Any other general condition Normal

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.

APPROVED
 JAN 22 1919

 FOR A. D. M. S. M. D. 2

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]

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. 3058005 Rank Pte. Name ADAMS, Harold
 Corps C.A.D.C., M.D.2 who was* Discharged
 On January 27th, 1919 1919, to _____
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from January 15th 1919
 to January 27, 1919, the inclusive date of transfer or discharge.

Dr.		\$	c.	Cr.		\$	c.
Bal. Dr. from prev. month				Balance Cr. from prev. month		3.80	
Advances } No. _____				Reg'tl Pay <u>13</u> days at \$ <u>1</u> c		13.00	
by } No. _____				Field Allow. <u>13</u> days at \$ <u>10</u>		1.30	
Cheques } No. _____				Separation Allowances* (Monthly)			
Assigned Pay and Sep'n Allee. No. _____				Other Allowances* <u>Subs</u>		10.40	
Other charges _____				Other Credits* <u>Clo. Allee</u>		35.00	
Payment on transfer or discharge No. _____		63.50		Bal. Dr. (to be deducted by new unit)			
Balance Cr. (to be paid by the new unit)							
Total		63.50		Total		63.50	

*Give particulars.

A monthly stoppage of \$ _____ (†) has _____ (‡) been paid on account of Assigned
 { Pay for the month of _____ 191_____ }
 { and Sep'n Allee. for month of _____ 191_____ } (to) Assignee _____
 (Address) _____ NIL

(†) 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.

Out Allowance of \$ _____ has been paid by Paymaster, Military District No. _____

REMARKS:—

State (1) date of enlistment 30.4.18
 (2) if married and if a Separation Allowance Card has been submitted No No
 (3) cause of discharge Demobilization authority D.O. 25
 (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 January 27th, 1919
 Place Toronto, Ont.

[Signature]
 PAYMASTER, MISCELLANEOUS UNITS, C.E.F.
 Paymaster.

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

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

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

M. F. W. 44.

H.Q. 1772-39-903.
 20M-11-18. D.P. 874.

81.4.02

12.11.19

81.4.02

12

~~3.2~~ CARD NO. 4
S.O.S. - 6-5-18. "C.O.R."
D.O. 168 of 17-6-18
1/1 C.O.R.

SURNAME. *Adams.*

CHRISTIAN NAMES *Harold.*

REGL. No. *3058005.* RANK *Pte.*

UNIT *East Ont. Regt. 1st Dpo. Bn.*

FORMER CORPS *nil*

T. O. S. *April 30 1918*
D.O. Part II No *121.*
825-17
6008

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Adams, Frank*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *50 Robinson St., Peterboro, Ont.*

COUNTRY OF BIRTH *Canada, Peterboro, Ont.*

DATE *June, 20th, 1896*

PLACE OF ATTESTATION *Kingston, Ont.*

DATE *Apr. 30th, 1918.*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

NAME Adams, Harold

REGIMENTAL NO. 3058005

RANK Pte.

ENLISTED AT Kingston, Ont.

PROMOTIONS, &c.
AND DATE

DATE 30-4-18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Frank Adams

RELATIONSHIP Father

ADDRESS OF 50 Robinson St., Peterboro, Ont.

ASSIGNMENT OF PAY \$ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

No. 3058305 RANK *Pte*

NAME *Adams Harold.*

T. O. S. *6-5-18*

UNIT *1st. Depot Bn Co. Sgt*

Do 125-5-5-18

M. D. *3*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1918 May 6 June no date</i>	<i>1918 May 31</i>	<i>✓ ✓</i>	<i>sol.</i>	<i>Do 168-17.6-18</i>
			<i>acc closed by payment N</i>	



No. 3058005' RANK Pte

NAME Adams. Harold

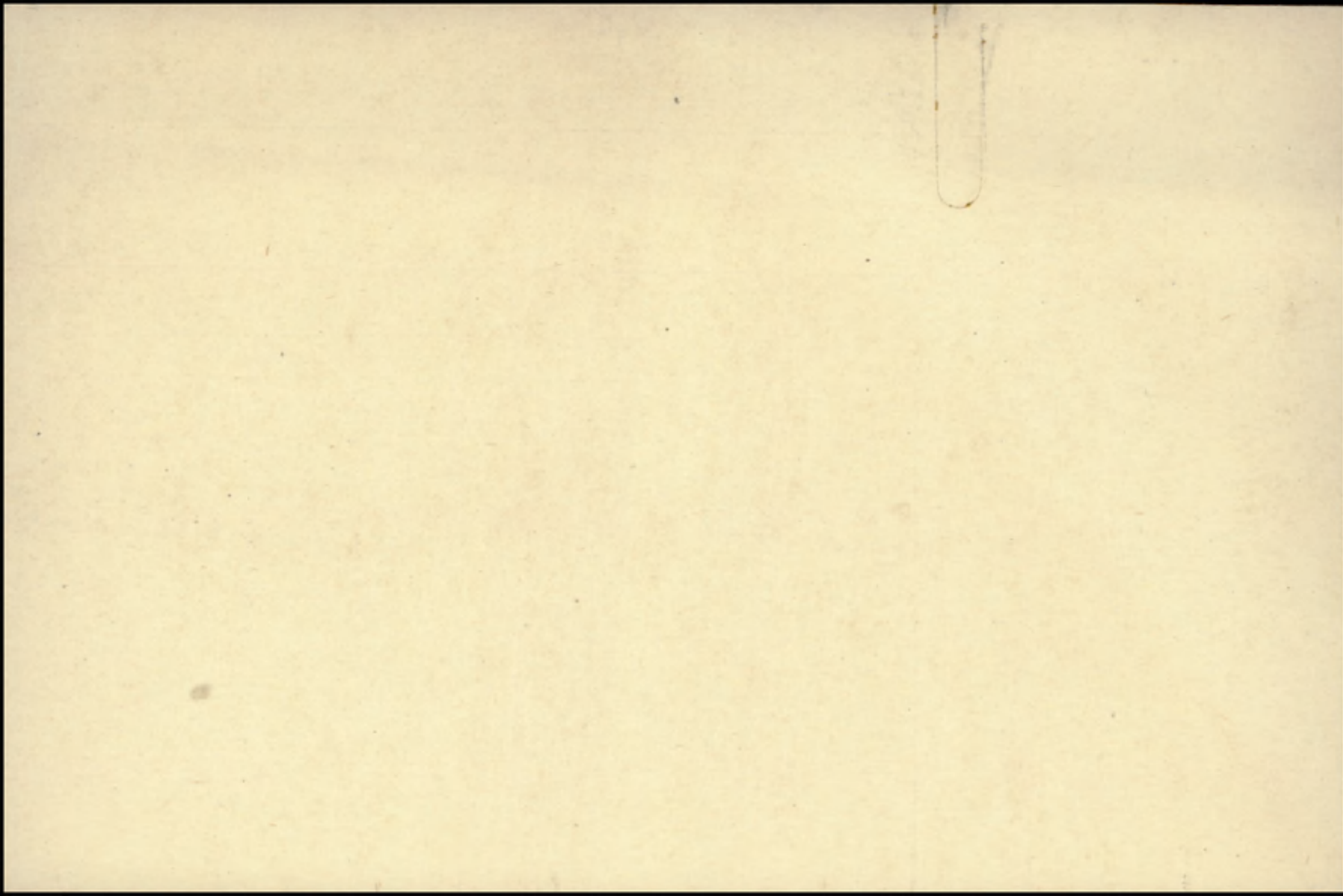
T. O. S. 30-4-18

UNIT 1st. Depot. Bn Co. Regt.

Do 121. 1-5-18

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Apr. 30	1918 May 3	<i>w</i>	Transferred to Ca D.C. 2.5.18	Do 123. 3-5-18 -



List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron Battery Company	} Conduct Sheet,	or	
		" B. 263a	Particulars of Recruit
	or		
Field Conduct Sheet	"	Proceedings on Discharge	" B. 218
	W. 178		
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
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	(a) Proceedings on Discharge	
‡Form of Will	" W. 82	(b) Attestation.	
§Only if discharged "Medically unfit."		(c) Medical History Sheet.	
‡Only if man has not been overseas.			

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.	3058005
Rank	PRIVATE
Surname.....	ADAMS,
Christian name.....	Harold,
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	C.A.D.C. M.D. No.2.
Date of discharge	January 27th., 1919
Place of discharge	Toronto, Ont.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 21 years..... months.	Descriptive marks
Height..... 5 feet..... 4 inches.	
Complexion	Fresh
Eyes	Brown
Hair	Brown
Trade	Student
Intended place of residence	50 Robinson St. Peterboro, Ont.
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
Authority for discharge..... "Demobilization". R.O. 1324 Dental Student	
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.	
3. Conduct and character while in the service have been, according to the records, etc.	
<p style="text-align: right;"><i>Am Gilbert Lieut.</i> for Lieut.-Col. A. D. of D. S., M. D. No. 2</p>	
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.	
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.

(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) TORONTO, ONT.

Ch. Giebert (Signature of Officer)

(Date) JAN 27 1919

Commanding C.A.D.C., M.D. 2

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) TORONTO, ONT.

Harold Adams (Signature of Soldier.)

(Date) JAN 27 1919

Ernest L. Hartony (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.

Harold Adams (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) TORONTO, ONT.

Ch. Giebert Lt. & Adjt. (Signature)

(Date) JAN 27 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.)

I have received no pay from C.A.D.C. M.D. No 3 from Jan 3, 1919 until Jan 14, 1919.

Harold Adams