

S

NAME **ADAMS HUGH FELIX**

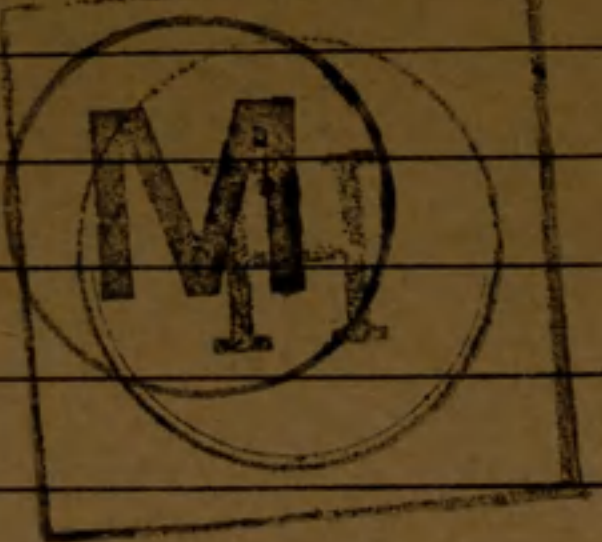
REGIMENTAL DOCUMENTS

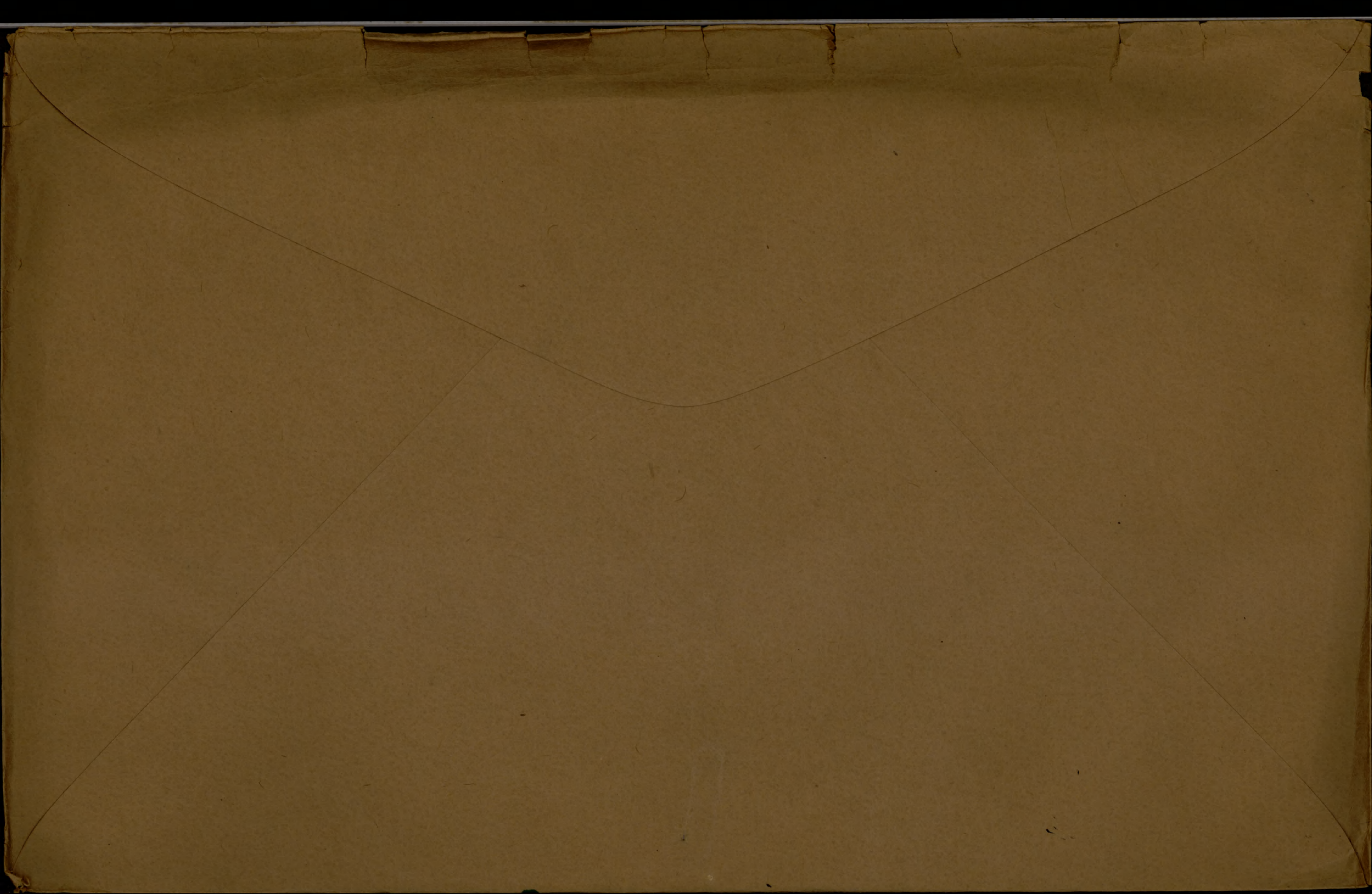
REGT. NO. **817901**

UNIT **165<sup>th</sup> Inf**

H. Q. FILE NO. **1557**

I

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<b>1</b>	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
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<b>1</b>	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
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140th OVERSEAS BATTALION C. E. F.  
ATTESTATION - PAPER.

ORIGINAL.

No. 817901

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?..... Hugh Felix
- 1b. What is your present address?..... Kincardine, N.B.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Kincardine, N.B.
- 3. What is the name of your next-of-kin?..... Mrs. Alice Adams.
- 4. What is the address of your next-of-kin?..... Kincardine, N.B. (Carleton County)
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... August 8th, 1897
- 6. What is your Trade or Calling?..... Farmer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *H & G et* Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No  
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 }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Hugh Felix 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.

Hugh Felix Adams (Signature of Recruit)

Date March 1st, 1916. Howard M. Jamieson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Hugh Felix 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.

Hugh Felix Adams (Signature of Recruit)

Date March 1st, 1916. Howard M. Jamieson (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 St. John, N.B. this 1st day of March, 1916.

H. Berley (Signature of Justice)

*2302 JK*

Description of Hugh Felix Adams. on Enlistment.

Apparent Age 18 years 6 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. 6 1/2 ins.

Chest measurement { Girth when fully expanded 33 1/2 ins.  
 Range of expansion 3 1/2 ins.

Complexion Fair.

Eyes Blue

Hair Light Brown

Religious denominations { ~~Church of England~~  
 Presbyterian Yes  
 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 March 1st 1916.

Place St. John, N.B.

*D. C. Malcolm*  
 Capt.  
 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.

Hugh Felix 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.

*Lt. Beerhicol* (Signature of Officer)

Date March 1st, 1916.

140th OVERSEAS BATTALION C. E. F.

# 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. 817901 Rank Private Name Adams H.F.

Corps 165th. Battalion C.E.F. who was\* A deserter

On 21-9-16 1916, to \_\_\_\_\_

\*Insert "discharged" or "transferred."

L.P.C. 21-9-16

The following is a statement of the account of the above named from 5-15-17 1916 to 5-3-17 1916, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	213	20
Advances by Cheques } No. _____			Regt'l Pay <u>5</u> days at \$ <u>1.00</u>	5	00
Assigned Pay No. _____			Field Allow. <u>5</u> days at \$ <u>1.10</u>		50
Other Charges* <u>21870</u>			Other Allowances* _____		
Payment on transfer or discharge No. <u>18250</u>			Other Credits* _____		
Balance Cr. (to be paid by the new unit) <u>3610</u>			Bal. Dr. (to be deducted by new unit) _____		
<b>Total</b> <u>21870</u>			<b>Total</b> <u>218</u> <u>70</u>		

\*Give Particulars.

A monthly stoppage of \$ Nil (†) has \_\_\_\_\_ (‡) been paid on account of Assigned Pay for the month of \_\_\_\_\_ 1916 to (Assignee) \_\_\_\_\_  
 (Address) \_\_\_\_\_

(†) Insert amount to be assigned, whether it has been paid or not.  
 (‡) Insert "not" if amount has not been paid for period of account.

### On Transfer of an Officer.

Outfit Allowance of \$ \_\_\_\_\_ has been paid by Paymaster, Military District No. \_\_\_\_\_

REMARKS:—

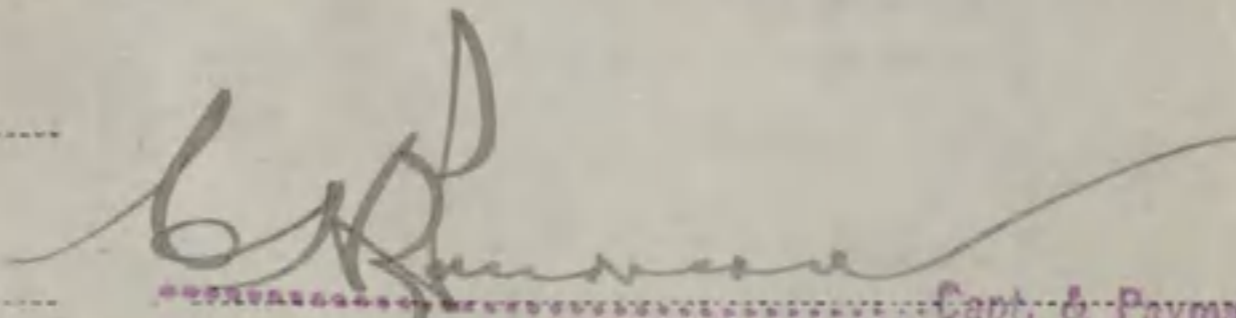
State (1) date of enlistment 28-2-16  
 (2) if married and if a Separation Allowance Card has been submitted Yes  
 (3) cause of discharge and authority Deserter 21-9-16

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date \_\_\_\_\_

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

Date Mch. 6/17

Place St. John N.B.

  
 \_\_\_\_\_  
 Capt. & Paymaster  
 165th Acadian Battalion, C. E. F.

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

M. F. W. 44.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all ranks (Vide Articles 122, 123 and 141, Financial Instructions, 25712, C.E.F., 1919)

Serial No. \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_

Who was \_\_\_\_\_ who was \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Insert "discharged" or "transferred"

The following is a statement of the account of the above named person from \_\_\_\_\_ to \_\_\_\_\_, the inclusive date of transfer or discharge.

Particulars	Debit	Credit
Balance forward		£ 113 20
Pay for 1st month		£ 30 00
Pay for 2nd month		£ 30 00
Pay for 3rd month		£ 30 00
Pay for 4th month		£ 30 00
Pay for 5th month		£ 30 00
Pay for 6th month		£ 30 00
Pay for 7th month		£ 30 00
Pay for 8th month		£ 30 00
Pay for 9th month		£ 30 00
Pay for 10th month		£ 30 00
Pay for 11th month		£ 30 00
Pay for 12th month		£ 30 00
Other Credits		£ 3610
Other Debits	£ 3610	
Balance Dr. (to be deducted by new unit)		£ 113 20
<b>Total</b>	<b>£ 3610</b>	<b>£ 3610</b>

\*Give Particulars

A month's pay of £ 30 00 has \_\_\_\_\_

been paid on account of assigned \_\_\_\_\_

for the month of \_\_\_\_\_

\_\_\_\_\_

Insert "not" if amount has not been paid for period of account.

Insert "not" if amount has not been paid for period of account.

On transfer of an Officer \_\_\_\_\_

has been paid by Paymaster, Military District No. \_\_\_\_\_

Serial No. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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..... 140th OVERSEAS BATTALION C.E.F.

(2) Regimental Number..... 817901.

(3) Full Name of Soldier..... Hugh Felix Adams.

(4) Place of Birth..... Upper Kincardine, Victoria Co. N.B.

(5) Are you married, or not?..... NO.

(6) If married, state,  
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?..... No.

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

.....  
.....  
.....  
.....

(9) Is your Father alive?.....Yes. William Adams, Upper Kincardine,  
Victoria Co.N.B

If so, state name and address .....

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

If so, state name and address.....Alice Adams, Upper Kincardine,  
Victoria CO.n.B.

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

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.

(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.

(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.

(15) Are you insured?.....NO.

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

Have you made arrangements for payment of your Insurance premium.....

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

*R. Burhese*  
Officer Commanding.

Date.....Aug. 7th. 1916.



To be made out in duplicate.

H.Q. 54-21-23-53

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.
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(1) Name of Overseas Unit which Soldier joins..... 140th OVERSEAS BATTALION C. E. F.  
 .....  
 (2) Regimental Number ..... 817901.  
 (3) Full Name of Soldier..... Hugh Felix Adams.  
 .....  
 (4) Place of Birth..... Upper Kincardine, Victoria Co. N. B.  
 .....  
 (5) Are you married, or not? ..... NO.  
 (6) If married, state,  
 (a) Full name of your wife.....  
 .....  
 (b) Present Postal Address.....  
 .....  
 (7) Are you a widower? ..... No.  
 (8) Have you any children?.....  
 If so, give number of boys and girls.....  
 Also their names and ages.....  
 .....  
 .....  
 .....

(9) Is your Father alive?.....Yes. William Adams, Upper Kincardine,  
Victoria Co.N.B

If so, state name and address .....

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

If so, state name and address..... Alice Adams, Upper Kincardine,  
Victoria CO.n.B.

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

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.

(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.

(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.

(15) Are you insured?.....NO.....

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

Have you made arrangements for payment of your Insurance premium.....

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

*L. Beechell*  
.....  
Officer Commanding.

Date..... Aug. 7th. 1916. ....

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. *141st O. S. Bn. C. G. 9.*

Regimental No. *817901* Rank *Pte.* Name *Hugh Felix Adams*  
C. E. F.

Enlisted (a) *Mar 1/16* Terms of Service *duration of war* Service reckons from (a) *Mar 1/16*

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) *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				

(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.

Casualty Form - Active Service

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				

SURNAME.

*Adams*

CARD NO.

*C. 4*

*X*

CHRISTIAN NAMES

*g Hugh Felix*

FOLL.

REGL. No.

*817801*

RANK

*Pte*

UNIT

*140<sup>th</sup>*

*Bn.*

FORMER CORPS

*nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Adams Mrs. Alice*

RELATIONSHIP TO SOLDIER

*Mother*

ADDRESS

*Kincardine, Carleton Co., N. B.*

COUNTRY OF BIRTH

*Canada, Kincardine N. B.*

DATE

*Aug. 8<sup>th</sup> 1897.*

PLACE OF ATTESTATION

*St. John N. B.*

DATE

*March 1<sup>st</sup> 1916.*

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

18

YEARS

6

MONTHS

HEIGHT

5

FEET

6½

INCHES

CHEST MEASUREMENT

33½

INCHES

EXPANSION

3½

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

light Brown

DISTINGUISHING MARKS

Not Stated

MEDICAL EXAMINATION.

PLACE

St. John N. B.

DATE

March 1<sup>st</sup> 1916

Present Address - Kincardine N. B.

No. 817901. RANK *Pte.*

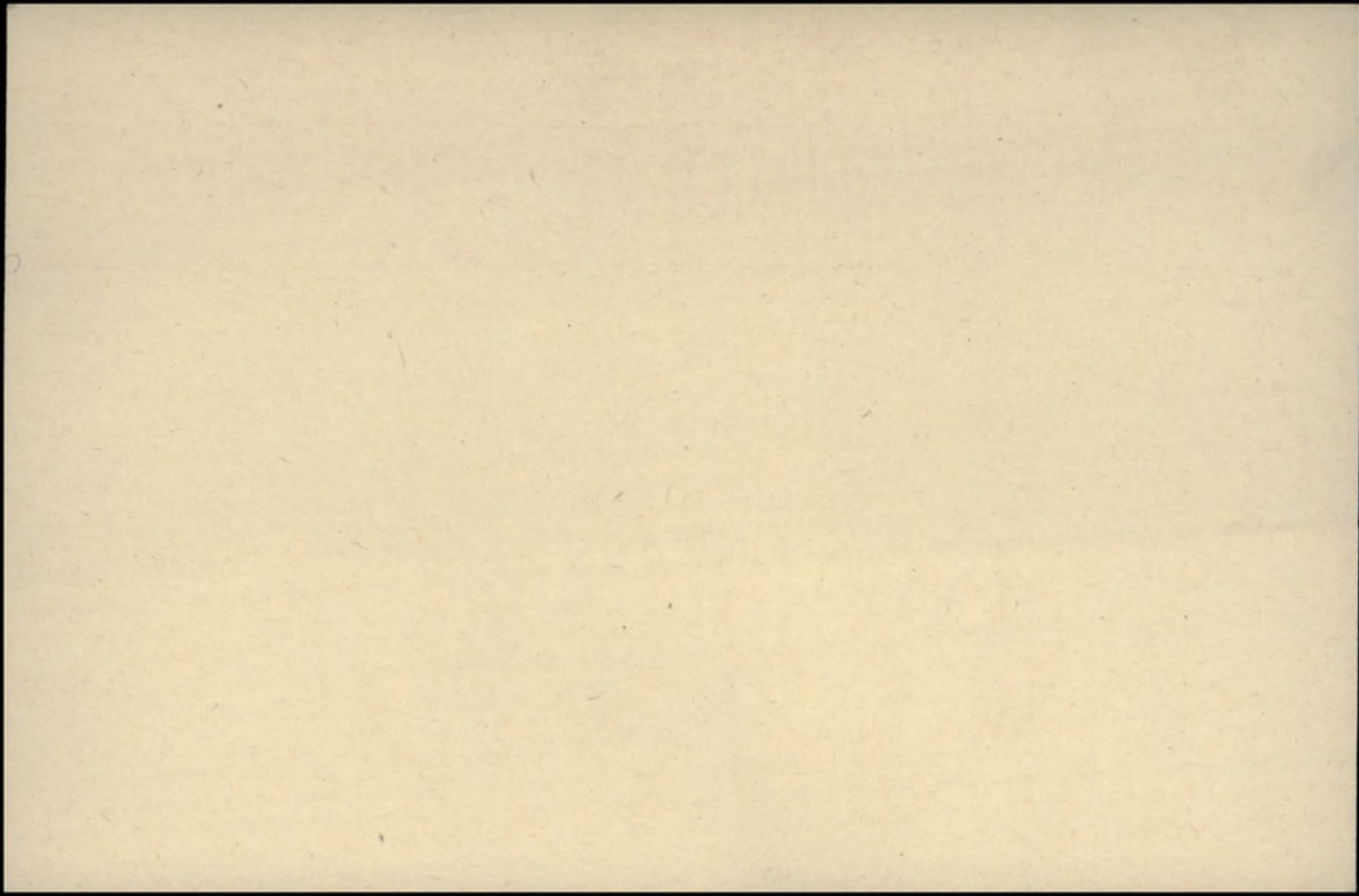
NAME *Adams, Hugh. Felix*

T. O. S. *28.2.16.*  
*10123-2-3-16.*

UNIT *140<sup>th</sup> Battalion C.E.F.*

M. D. *6*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916.</i>			
<i>Feb 28.</i>	<i>Mar 31.</i>	<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May.</i>		<i>n</i>		
<i>June</i>		<i>n</i>		
<i>July</i>		<i>✓</i>		
<i>Aug</i>		<i>✓</i>		
<i>Sept. 1</i>	<i>Sept 20</i>	<i>✓</i>	<i>Trans. to 165<sup>th</sup> Bn. 20. 9. 16.</i>	<i>D.O. 198 of 20. 9. 16.</i>





No 817901 RANK Plt-

NAME Adams Hugh Felix

T. O. S.

UNIT

165<sup>th</sup> Battalion

Transf. d. from 140<sup>th</sup> or 145<sup>th</sup> Feb-21-9-16

D.O. 225 of 27-10-16

M. D. 6

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID FROM

PAID TO

SIG. OR REC'T

1916 1916

Sept 21 Oct. 31 n

Nov. v

Dec. n

1917 1917

Jan. 1 Jan. 31 n

Feb. n

Mar. 1 Mar. 5 n

a.w.R. 21-9-16. muldid 166 Dyp D.O. 53 - man-pay list.

