REGIMENTAL DOCUMENTS

NAME ADAMS IRA ANSON. REGT. NO. 294899 UNIT 224th Bn H. Q. FILE NO. 1559 H

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
5	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103) Record Sheet					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
2	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					
1	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)					
2	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)					
2	M.F.W. 67					
1	Form of Will					
3	Cards.					
10	Pay Sheets.					

W. 2589
100M-11-19
772-S. 1377

REGIMENTAL DOCUMENTS

NAME ADAMS 11TH ANSON REGT. NO. 297899 UNIT H. Qrs. #7 H. Q. FILE NO.

	CONTENTS		DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
2nd Enl.		1st Enl.				
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	2				
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)	1				
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)	1				
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)	1				
12	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
1	DENTAL HISTORY SHEET (M.F.B. 465)					
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)	1				
	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)					
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)	1				
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Medal		M.F.W.62-1			
1	Ltr 1394		P.C. -1			
1	Ltr 3-72					

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Med. Unfit

Med. Unfit

DESERTION

W. 2589
100M-11-18
1772-29-1377

To Be Filed as original

ORIGINAL

ATTESTATION PAPER.

No. 297899

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? ..... Ira A
1b. What is your present address? ..... Perth N.B.
2. In what Town, Township or Parish, and in what Country were you born? ..... Perth N.B.
3. What is the name of your next-of kin? ..... Anna Eliza Adams
4. What is the address of your next-of-kin? ..... Perth N.B.
4a. What is the relationship of your next-of-kin? ..... Wife
5. What is the date of your birth? ..... April 22 1871
6. What is your Trade or Calling? ..... Woodsman & Farmer
7. Are you married? ..... Yes
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? .. .. 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, Adams Ira A, 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.

Ira A. Adams (Signature of Recruit)

Date May 5 1916 J.H. Henderson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Adams Ira A, 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.

Ira A Adams (Signature of Recruit)

Date May 5 1916 J.H. Henderson (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 Chatham this 8 day of May 191 6

Lyd. James Taylor (Signature of Justice)

Capt. & Adjt.
224th Batt'n, Can. Forestry.

M. F. W. 23.
600M.—2-16.
H. Q. 1772-89-841.

Description of Adams Ira A. on Enlistment.

Apparent Age 45 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 10 ins.

Chest measurement. Girth when fully expanded ..... ins.

Range of expansion .... ins.

Complexion Ruddy

Eyes Grey

Hair D. Brown

Religious denominations.
Church of England .....
Presbyterian .....
Methodist ....
Baptist or Congregationalist .....
Roman Catholic .....
Jewish .....
Other denominations .....
(Denomination to be stated.)

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).

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* unfit for the Canadian Over-Seas Expeditionary Force.

Date May 9 1916 W. A. Hutton

Place Quebec Capt. Dental 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:—

Systolic Murmur

CERTIFICATE OF OFFICER COMMANDING UNIT.

Adams Ira A. 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.

Lgd Everard Wilson Lt. (Signature of Officer)
LIEUT.-COL.
224th CANADIAN FORESTRY BATT'N. C. E. F.

Date May 8th 1916

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

297899 Private

This is to Certify that No. (Rank)

-IRA ANSON ADAMS-

Name (in full) enlisted in

224th. Battalion.

the

Quebec, P.Q. 6th

CANADIAN EXPEDITIONARY FORCE at on the 3rd

May 16

day of April 19

CANADA AND ENGLAND

HE served in

being Medically Unfit.

and is now discharged from the service by reason of

-Authority--R.O. 1420 (c)-

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

Age: 56 years	Marks or Scars: Mole on right shoulder and mole on abdomen.
Height: 5 feet 10 inches	
Complexion: Fresh	
Eyes: Blue	
Hair: Dark Brown	

Signature of Soldier

R.W. Lindsay

Issuing Officer LIEUT.

APRIL 12th, 1919

Date of Discharge

For O. C. DISTRICT DEPOT NO. 7

Rank

Appointment

Signed at FREDERICTON, N. B. this 12th day of APRIL 19

in Military District No. 7

File Reference No.

DISTRICT DEPOT No. 7

APR 12 1919

FREDERICTON, N.B.

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.

M. F. W. 39a.
250m.—6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

WAR SERVICE BADGE
Class "B" No. 49777 Issued

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

On demobilization this certificate will not be accepted.
Particulars called for on the back of this certificate will not be completed.

.....
Name of Officer

.....
Rank

.....
Appointment

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to arrest as if on the strength of a unit.

(9) Is your Father alive ? No

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

(10) Is your Mother alive ? No

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

.....

(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.

Yes

.....

(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.

Leo J. Hurcel

For O. C. .....

LIEUT, ~~COL~~ *Officer Commanding.*

224th CANADIAN FORESTRY BATT'N. C. E. F.

Date 26/4/16 .....

To be made out in duplicate.

H.Q. 54-21-23-53

ORIGINAL

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.

224TH OVERSEAS CANADIAN FORESTRY BATTALION

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 297899

(3) Full Name of Soldier..... Ira Anson Adams

(4) Place of Birth..... Perth N.B.

(5) Are you married, or not ? ..... M

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

(b) Present Postal Address..... Rowena N.B.

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

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

If so, give number of boys and girls..... 3 Boys 3 Girls

Also their names and ages.....

Herbert 12 yrs Etta 13 yrs
Van 10 " Martha 14 "
Ira 7 " Lydia 9 "
Gladys 9 "

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 7

NAME OF SOLDIER Adams, J. A.

REGIMENT 224th

RANK Pte

No. 297899

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.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	20/3/19		1/15									1/10									L R Dawson Capt	7	44

Exmd for discharge Adams x J A.

M.F.B. 465.
150M.—8-18.
1772-39-950.

Form A.F.S. 1394.
7004.—100M.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 26/9/17. 1917.

No 297899 Rank Pte Name ADAMS I.A.

Local Unit 104 ~~123~~ Co'y C.F.C. Overseas Unit Age 54

Examination held at KEPPERNACH, NAIRN.

DISABILITY.
~~Overseas~~ Local
(scratch one out).

Aort. Sclerosis –
Left. Stallex valgus –

PRESENT CONDITION.

Well marked arterial thickening & Emphysema
Left. Stallex valgus. Flexion both feet weak

BOARD RECOMMENDS:—

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

Signatures:— R P Borden Capt. CAMC President.

Members { A W Campbell Capt CAMC

APPROVED

Dated.....1917.

For A.D.M.S.

Surname Adams Christian Name T. R. 294899

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.

F

294899

MEDICAL HISTORY SHEET.

Surname Adams *Christian Name* ~~Wm. J.~~ a Jno. A.

Examined { on 8 day of May 191 6
at Quebec

Approved by W. A. Hutton

Birthplace { City or Town Perth
County N. B

Rank Capt A.M.C. M.O.

Apparent age 45

Trade or occupation Woodsman

Height 5 Feet 10 Inches.

Weight 190 Lbs.

Chest measurement { Minimum 37 inches.
Maximum expansion 1½ inches.

Physical development Good

Small-Pox Marks —

Vaccination Marks { Arm Right. Left.
Number — 1

When Vaccinated last 25 years ago

(*a*) Marks indicating congenital peculiarities or previous disease None

(*b*) Slight defects but not sufficient to cause rejection Syst. Loco Murmur

Date.	Fit or Unfit.	Examined for Re-engagement.
24/8/17	C.2.	Fit Pte M.O.
~~26/9/17~~		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
8-5-16		W. A. Hutton Capt M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
25-4-16	OK	W. A. Hutton Capt M.O.
1-5-16	OK	W. A. Hutton Capt M.O.
12-5-17		TAB 1 mil 2 M.O. Capt.

Enlisted on ..... *day of* ..... 191 ... *at* .....

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment				
Transferred to	CANADIAN FORESTRY CORPS.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Keppernoch	26/9/17	Arth Sclerosis	Bit R.P. Borden Capt.
Lammydale	27. 11 15	as Remarks + Heart Valves	B2 fit Cook Trgn Camp

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.

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-139.

NWB

DUPLICATE 297899

F

MEDICAL HISTORY SHEET.

Surname Adams *Christian Name* Ira. A.

Examined { on 8th day of May 1916
at Quebec

Approved by W Hamilton

Birthplace { City or Town Perth N.B.
County

Rank M.O.

Apparent age 45

Trade or occupation Woodsman & Farmer

Height 5' Feet 10 Inches.

Weight 190 Lbs.

Chest measurement { Minimum 37 inches.
Maximum expansion 1½ inches.

Physical development Good

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number — 1

When Vaccinated last 25 yrs ago

(*a*) Marks indicating congenital peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection Systolic murmur

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
8.5.16		W. A. Hutton M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
25/4/16	O/K.	W. A. Hutton M.O.
1.5.16	O K	M.O.
		M.O.

Enlisted on ..... *day of* ..... 191 ... *at* .....

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	224 Bn.	297899		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Adgate Christian Name J.A. 297899

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.

(9) Is your Father alive ? No

If so, state name and address

(10) Is your Mother alive ? No

If so, state name and address

(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.

Yes

(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.

Chas E Pugsley Lieut
for LIEUT.-COL.
224th CANADIAN FORESTRY BATT'N, C. E. F.
Officer Commanding.

Date 8/3/16

Two copies

To be made out in duplicate.

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.

(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 ..... 224th Canadian Forestry Battn

(2) Regimental Number 297899

(3) Full Name of Soldier ..... Ira Anson Adams

(4) Place of Birth ..... Perth, N.B.

(5) Are you married, or not ? ..... Yes

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

(b) Present Postal Address ..... Rowena N.B.

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

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

If so, give number of boys and girls ..... 3 boys & 2 girls

Also their names and ages ..... Herbert 12 yrs Etta B 9 yrs
Van 10 yrs Martha 14 yrs
Ira 7 Gladys 9 yrs

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

DEPARTMENT OF MILITIA AND DEFENCE.

RECEIVED OFFICE M. D. 7
APR 26 1919
Paymaster's No.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

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

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

1. Christian names Ira A. 2. Surname Adams
3. Rank Pte. 4. Original Unit 224th Batt. 5. Reg. No. 297899
6. Address, in full, to which future payments of gratuity are to be forwarded
Berth Rowina N. B.
7. Date of enlistment in the C.E.F. 3rd April 1916 D.P.6
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Ambiza Adams
9. Relationship of such dependent Wife
10. Address, in full, of such dependent Berth. Rowina N. B.
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? no
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
Can: Forestry Corps
May 16 untill Dec 1918
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? no
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service ~~not applicable~~ No.
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 2 years 9 months
Can: Forestry Corps
2 years 9 month
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? no

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units ..... no .....

..... not applicable .....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... none .....

..... not applicable .....

20. Have you been issued with a War Service Badge? If so, what class? ..... none A .....

21. Have you, during the present war, served in the Imperial Forces? ..... no .....

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... none

..... not applicable .....

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ..... Pte .....

(b) If so, was such reversion in consequence of misconduct or inefficiency? .....

24. Are you now serving in the C.E.F.? ..... ~~yes~~ no If not, give:—(a) Date of discharge ..... 12/4/19. ..... (b) Reason for discharge .....

..... Demobilization .....

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... No. 7 District Depot .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit .....

..... Can: Forestry Corps .....

..... in England .....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... no

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

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

Signature of Applicant: J. A Adams

Place of Residence: Berth. Rowina N. B.

Declared before me at: Fredericton

This 21st day of Jan 19..19

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

~~R W. Laundry~~

O. C. Discharge Section
For O. C. District Depot No. 7

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

District Paymaster.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Mrs. E. Aliza Adams

PAYMENTS. 297899

Name of Soldier Adams I A. 224th Bn

P. 40 Sio 18/7

Month.	Year.	Cheque No.	Amt.		Remarks.
				$20.00	MAY 1 1916
April	1916				
May		M6427	20		
June		N9278	20		
July		C8015	20		
Aug.		Q10929	20		
Sept.		B15001	20		
Oct.		A19919	20		
Nov.		A24698	20		
Dec.		A34697	20		
Jan.	1917	B36839	20		
Feb.		B42509	20		20 R
March		~~B48385~~	~~20~~		~~20 L~~ B48385 Can Hdg
April		C93	20		20 L
May		C6119	20		
June		C12369	20		20 Cu
July		C19474	20		Cu
Aug.		D27029	20		B
Sept.		D34057	20		B 340.00
Oct.					
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.				

L. L. Job 310—M. & D. 6574.

4/4/16

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Annie Eliza Adams

Address Rowena, Vic. Co. N.B.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Adams, Ira A.

Regtl. No. 197899

Rank Pte

Corps 224th Battn

To what Corps belonging when called out }

PAYMENTS

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

CONSOLIDATED 1 ACCOUNT

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Name of Soldier Adams, Ira A. Pte

Annie Eliza Adams. (wife)

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May		O 5238	38		
June		A 1896	20		
July		9 9944	20		9 9944 Cancelled
Aug.					
Sept.		J 16195	60		60 allowed 22/9/16
Oct.		A 18413	20	20	Not Discharged (O.R.M.L. 28/8/16)
Nov.		A 21667	20		20
Dec.		A 25050	20		20
Jan.	1917	A 28623	20		20
Feb.		A 31568	20		20
March		A 34773	20		20
April		B 207	20		20
May		B 3663	20		20
June		C 7234	20		20
July		B 11539	20		20
Aug.		B 13880	20		B
Sept.		C 17325	20		B
Oct.			20		T
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

278.00

358.00

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

4 — 4 — 16

1

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Annie Aliza Adams

Address Rowena
Vic Co
N. B

Relation to Soldier wife, child or mother } Wife

Name of Soldier Adams Ira A

Regtl. No. 297899

Rank Pte

Corps 224th Battn

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Not Dis Opmg 28/8/16.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Destroy

ACCOUNT CLOSED
DATE JUL 15 1916 PER W

1

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2. Annie Aliza Adams Wife

L. L. Job 310.—Req. 6574.

PAYMENTS. 297899

Name of Soldier Adams Iva. A. Pte

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		O5238	38-	38
June		A1896	20.=	20 I9944 Cancelled
July		~~I9944~~	~~20-~~	20 Dis date asked Pmt date asked
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED
DATE JUL 15 1916 PER W

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

L- L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

P. 4850 15/4/17

To Whom Mrs. E. Aliza Adams

Address Rowena, Victoria Co. N. Brunswick Can.

Rate $20.00

MAY 1 1916

By Whom Assigned Adams J.A.

Regtl. No. 297899

Rank Pte

Corps 224th Bn.

PAYMENTS

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

Date of Enlistment

Apr. 4. 1916.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A

457

Date of Assignment

May 1/16

RATE OF SEPARATION ALLOWANCE

~~20~~	~~25~~ 1-12-17.	30 1-9-18	

PB. 3257. PB 2753 MO 3697.

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 297899

Rank Pte Promoted Reverted Discharge

Soldier's Name L.A. Adams

Battalion 224th Bttn

Beneficiary Mrs. Annie Eliza Adams.

Relationship Wife. MAW 255 + 3-1/7/18

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. A. & Eliza Adams

Address Rowena, Victoria Co. N.B.

Change of Address

1

2

3

4

Date	Cheque No.		Amount S/A	Amount A/P	Total	
Sept 30	17		358	340	698	
Oct B	50454		20	20	40	
Nov.	57150	B	20	20	40	X
Dec.	57739	B	20	20	40	S
Jan/18.	64191	B	30	20	50	S.
Feb 1	70426	B	25	20	45	
Mar	97650	G	25	20	45	✓
apr	7426	G	25	20	45	C
May	10353	A	25	20	45	C
June	13295	A	25	20	45	C
July	26248	A	25	20	45	C
AUG	28720	A	25	20	45	C
	35324	A	25	20	45	C
SEP	41457	A	25	20	45	C.
OCT	50056	A	25	20	45	C
NOV	62325	A	45	20	65	C
DEC			743	640		
JAN						

093-J-2. REMARKS ~~093 J 3.~~

M R O 1 B rendered 19-3-18 CSS 57632.

M7 W 255-4 Returned ok. 9416-15/8/18

Remarked 19-3-18 G.E.P.

Sat ap 31/12/18 Northland

M2 7 26/12/18 30/12/18

J Holden

283

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22920—M. & D. 7493.

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
N			3	3	

M. F. W. 128
400M.—6-17—17725-1141
L. L. 22320—M. & D. 7993.

107

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

M. F. W. 54. (A. F. B. 163.)
250M.—1-16.
H. O. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 224th Battn. C.E.F.

Regimental No. 297899 Rank Pte Name ~~Adams~~ ADAM, Fra A.

Enlisted (a) 3/4/16 Terms of Service (a) C.E.F. Dr. Wor Service reckons from (a) 3-4-16

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) Woodsman + Farmer

Report: Date	Report: From whom received	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.
		Embarked	Halifax	19-5-16	
		Disembarked	England	30/5/16 ~~29-5-16~~	
22.11.16	O.C. 224th	S.O.S. 224th Bn.	London	22.11.16	D.O. Pt II No. 153
			A. MacDuff		Lt. & A/Adjt. 224th C.F.Bn
22.11.16	D. of T.O. C.F.C.	T.O.S. Can.For.Corps.	London	22.11.16	D.O. Pt II No. 1
			W. J. Wilson		Lt. & Asst/Adjt. C.F.C.
10/5/17	1st Dist C.F.C.	On Strength	Edinburgh	1/5/17	P. 9.

CERTIFIED CORRECT. 15 JUL 1918 CAN. RECORDS, LONDON.

W. D. Lurie

FOR LT. COL. I/C RECORDS. C.O.M.P.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				
21-11-18	O.C. 51 Dist C.F.C.	S. O. S. 51 DISTRICT C.F.C. AT 107 COY. ON POSTING, to BASE DEPOT C.F.C.	Inverness	21-11-18	Pt II D.O. 54
					Captain & Adjt., for O C No 51 District, Canadian Forestry Corps.
26-11-18		O.C. C.F.C. T.O.S. Base Depot, C.F.C. from 107 Co Dist to 51	Sunningdale	21-11-18	Pt.11.D.O. 787
					Lt. & A/Adjt. For O.C. Base Depot, Canadian Forestry Corps.
5/12/18		Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 288 Ceases to be attached C.D.D. Buxton on embarking for Canada.			Lt. for Lt. Col. Commanding Canadian Discharge Depot.
		EMBARKED S.S. NORTHLAND LIVERPOOL DEC 15 1918			Capt. SHIP'S ADJUTANT.
15-12-18	England	TAKEN ON STRENGTH D.D. #7 PART II. ORDER No. 256			Capt. & Adjt. For O.C. Cdn Depot No. 7.
13-4-19	(Demob)	"DISCHARGED" FROM HIS MAJESTY'S SERVICE STRUCK OFF STRENGTH District Depot No. 7. PART II. ORDER No. 103		13-4-19.	Lieut. O.C. Discharge Section For O. C. District Depot No. 7

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 224th Forrestry Battn C.E.F.

Regimental No. 297899 Rank Private Name Adams, Ira. A
C. E. F.

Enlisted (a) 3-4-16 Terms of Service (a) D. of W. Service reckons from (a) 3-4-16

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)

Report: Date	Report: From whom received	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.
~~22-2-22~~	~~224th Bn.~~	~~Dischgd under K.R.&O. para 322-2-C. (Within 3 mths of enlistment, found med. unfit for service) a/c~~	~~Issued at Ottawa~~	~~9-5-16~~	~~after Order #12~~ Cancelled by A.O. #13 d/ 5/5/22

Discharge cancelled, proceeded opeas
JJS

D. Pitchie
Capt. for D. of R.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				

R—122

A.G.R. Rank Name ADAM, Ira A. Reg'l No. 297899

Unit 224th Forestry Bn. If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Quebec, 3rd April, 1916. Place of Birth Perth N.B.

Name and Address, Next-of-Kin Anna Eliza Adams,

Perth, N.B. Canada. Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

NIE R.B. No 3972

File R.L.

Category Canada OR

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	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.
		Arrived in England per. S.S. Adriatic.		30 MAY. 1916	
2.8.16.	224th.	Pro. on escort duty from Quebec to Perth. Returned. 31.7.16.	London.	29.7.16.	Pt. II. DO. 57. (Auth. of
		Now known as Can. Forestry Corps Auth, Pt. II DO. I, 22, 11, 16			
		10 5 17 Dist. 1 C F C On Strength Edinburgh 15 17 Pt2			
21.11.18	51 Dist	S O S to B D C F C 86		21.11.18	54 / Pt II 282 d/ 26-11-18 B D C F C to S O S
		SOS to Canada MD 7. 15 12 18			
		B D C F C Pt. II. 013 d. 13-1-19			

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.					

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

649-A-1280

SURNAME. Adams

CARD NO. 7 S.O.S. Dis

CHRISTIAN NAMES Ira

9.5.16 FOLL. 5

REGL. NO. 297899 RANK Pte.

~~SoS Dis Dent 12-4-7~~

UNIT 224th; Can. Forestry

100103 of 13-9-17 DA 70 Bn.

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Adams, Anna Eliza.

RELATIONSHIP TO SOLDIER Wife.

ADDRESS Perth. N. B.

COUNTRY OF BIRTH Canada, Perth. N. B. DATE April 22nd, 1871

PLACE OF ATTESTATION Quebec. DATE May. 8th; 1916.

o/p 19-5-16 418/4

R/C 26-12-18 246/32

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

No. 297899 RANK Pte NAME Adams Ira A

T. O. S. 4-4-16
A.O. 17 of 10-4-16 UNIT 224th Can. Forestry Battalion C. E. F.

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Apr 4	1916 Apr 30	✓		

Dental Examination on Discharge

File No.....

Rank Pte. Name Adams. J. A. Regt. No 297899

Date of enlistment 4/4/16 Service, where England

If any dental treatment in army, where England

Discharge examination at Fredericton Date 20/3/19

Treatment to be received C & H

Refused Work Adams J A

At ..... Examined by G R Dawson Capt.

Above treatment completed by ..... Date .....

Completed History Sheet File No. .....

M. F. W. 2572.
100m.—1-19.
1772-39-1359.

OTHER SIDE FOR REMARKS

H.Q. Reference

No. 29780 Rank Private Unit Forestry

Surname Adams

Christian names Ira Anso

Kindly forward Medals, to which I am entitled by reason of my service in later with Germany
(Theatre of War)

with Forestry
(Unit with which served in Theatre of War)

No.

Street

Town Rowena N.S.W.

County Victoria

Ira A Adams
(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

O.H.M.S.

POSTAGE
FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

200M-10-20

E.m.B.

Number 297899 Rank pte

Surname ADAMS

Christian Name Ira Anson

Units C.F.C. Theatre of War England

Date of Service 30-5-16

Remarks

Latest Address Rowena

Victoria Co

Roll No. A Page 5202 N.B.

5m-1-22. M304.

DESP AUG 21 1923
REGN No 8-830

Name Adam Evl. 3-4-16

Date of Embarkation for England 19-5-16.

Proceeded to France. No. Returned to England.

Date returned to Canada. 15-12-18

P.R.2855.

Canada Section

T.878. SAILING LIST:- 98 UNIT:- CFC

Reg.No.	Rank.	Name.	Sailed to Canada M.D.No. 7
297899	Pte	ADAMS. I	15 12 18 Acted on
			..... Ledger Ck.

FILE No. Adams Dia. A. VOL.

SUBJECT 2978791

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE
SCR		29/3/26			

FILE No. VOL.

SUBJECT

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY.

M. & D. FORM O.S.S. 5.
11742—50M.—11-21.

R. O. 19-6-16.

List of Discharge Documents.

Reg. Conduct Sheet, / Militia form B. 263.	Attestation Paper, 2 Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet, / " B. 263a.	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
Med. Hist. Sheet, — Militia Form B. 313	(a) Proceedings on Discharge.
Medical Report for Invalid* — " B. 227.	(b) Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, — " D. 877.	(c) Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit." —	

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.	297899
Rank	Pte
Name	Adams. Ira
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	224th C. F. Bn
Date of Discharge	9-5-16
Place of Discharge	Quebec - Que

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 45 years — months.
Height 5 feet 10 inches.
Complexion Ruddy
Eyes Grey
Hair D. Brown
Trade Overseman & Farmer
Intended place of residence (To be given as fully as practicable.) Perth N.B.

Discharge Cancelled JJS

Descriptive Marks

2. The above-named man is discharged in consequence of within 3 months of Enl Medically Unfit for Service KR&O para 322(L)(C)

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier 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.
50m.—3-16.
H. Q. 1772-39-113.

(OVER)

Carded 19-6-16

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) Quebec Qu.

(Date) May 9th 1916 Commanding Sgd Major White

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).....(*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 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).....

(*Signature*).....

(Date).....

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.)

(OVER)

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

YES

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)
(*c*) Home service (Canada only),	(" C)	(Yes or No.)
(*d*) Temporarily unfit.	(" D)	(Yes or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

20. It is certified that the invalid

(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

That #297899 Pte. Ira A. Adams be discharged.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

E. J. Robertson Lieut. *President.*
H. Clash Lieut
} Members

PLACE Fredericton, N.B.

DATE Mar 20th 1919

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned ..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness ..... Signed .....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE .....
DATE .....
} Members

APPROVED BY .....
Assistant Director of Medical Services.
DATE .....

APPROVED BY .....
Director-General of Medical Services.
DATE .....

ASSISTANT DIRECTOR OF MEDICAL SERVICES M.D. No. 7

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Fredericton, N.B. DATE 19-3-19

1. 1 (*a*) Unit D.D.7 (*b*) Regimental No. 297899 (*c*) Rank Pte.

(*d*) Surname A.D.A.M.S. (*e*) Christian name IRA ANSON

(*f*) Home address Rowena, Vic. Co., N.B.

(*g*) Next of Kin Anna Eliza Adams (*h*) Relationship Wife

(*i*) Address of Next of Kin Rowena, Vic. Co., N.B.

2. Age last birthday 55 Date of birth Apl. 22- 1863

3. Enlistment, or ~~Appointment (if an Officer)~~ (*a*) Place Perth, N.B. (*b*) Date 4-4-16

4. Personal description:

(*a*) Height 5' 10" (*b*) Weight 179 (stripped) (*c*) Complexion Fresh

(*d*) Colour of hair D. Brown (*e*) Colour of eyes Blue. (*f*) Identification marks, Scars, etc. Mole on rt. shoulder & mole on abdomin.

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	349

	Periods	
	From	To
	C.F.C. 224th Bn	
Canada	D.D.7 4-4-16	19-5-16
	15-12-18	Present
England	224th Bn. C.F.C./ C.F.C. 30-5-16/22-11-16	22-11-16/15-12-18
France or other theatres of War		

7. Original disease, or injury HALLUX VALGUS

(*a*) Date of origin Aug 1917 (Man's state) (*b*) Place of origin Scotland (Man's statement)

(*c*) Cause Log fell on foot.

M. F. B. 227.
-11-18.
9-000.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Moderate difficulty in walking due to Hallux Valgus, Left foot.

C.O.A.S. Scotland, (Man's statement)

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJ: Hallux valgus left foot. Metatarsal phalangeal joint being almost ankylosed. About 10° Active flexion and extension of toe. Passive flexion anx extension about 20° Man walks with foot flat.

SUBJ: Man states he can only walk 2 mi. States he would have to stop and rest for about 2 hrs before he went on. Man states some times at night toe will pain half through the night. Man states he has dull pain in toe in damp weather.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems Yes Any other general condition No

Myalgia at insertion of quadriceps extensor tendon left tibia, in wet weather.

10. (a) History (of the condition referred to in Section 9 (a).)

In Aug- 1917 while in Scotland log fell on left foot, causing comp. fracture left great toe in metatarsal phalangeal joint. Treated by M.O.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Myalgia-- recuring attacks during stay in England and Scotland

No recurrence since coming to Canada.

(c) (Here give a description of wounds, scars and deformities.

Nil

11.—(a) Did the disabling condition have its origin before enlistment? No

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) No (b) No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

See hist. sec 10a

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes with restrictions
(If not, briefly state why)

17. Recommendations That #297899 Pte. Ira A. Adams be discharged.

J B Morrison, Capt CAMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Ira A. Adams have heard the description of my disability and present condition read, and am satisfied (or ~~not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

J B M
E F M

Ira A. Adams Pte Rank.
Mark
Signature of invalid examined.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge ~~in England~~.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned 297899 Pte Adams, I. A. have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

Ira Adams his mark
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

B9

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D.349

Reserved for M.H.C.

Regt. No. 297899 Rank PTE Surname ADAMS Christian Name IRA A.

Unit or Corps—(a) Overseas from United Kingdom ..... (b) in United Kingdom C.F.C.

Born at—Town PERTH County or Province N.B. Country CAN.

Date of Birth—Day 22 Month April Year 1863 Age 53 yrs. 7 months.

Joined at QUEBEC QUE. CAN. Date 8 MAY 1916

Former trade or occupation WOODSMAN

Permanent Marks or any peculiarity that will serve for future identification :—

Height—feet 5 inches 10 Colour of eyes Blue

Signature of Soldier (*for identification purposes*) his mark Adams Ira A.

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a) Senility

Disabilities Group (b) ~~Hallux Valgus~~ HALLUX VALGUS.

Disabilities Group (c) (a) ~~Myalgia~~ Myalgia and (b) Periostitis.

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	Arterio Sclerosis in Civil life	Canada	Enroll Enlistment
(ii.) As to Group (b) above.	Accident in military service (Statement of man only)	Scotland	Summer of 1917
(ii.) As to Group (c) above.	(a) Condition of Military life and (b) Accident	(a) Scotland (b) Quebec	Fall of 1917 May 1916.

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(i.) As to Group (a) above ? Yes If yes, has Active Service aggravated it ? Yes

(ii.) As to Group (b) above ? No If yes, has Active Service aggravated it ?

(iii.) As to Group (c) above ? No If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(i.) As to Group (a) above ? No

(ii.) As to Group (b) above ? Yes

(iii.) As to Group (c) above ? Yes

PART I. (Continued).

5. MEDICAL HISTORY. He states he had measles and mumps in childhood — no other illness — Occupation — Farmer — Enlisted States 3/4/18 Examined M.N.S 8/6/16 — Arrived England 1/6/16 Had cold last fall and when could consider self but worked all the time — Pains in back and knees — Documents: M.N.S. Sydenham Quarantine — no other entry — Med Board 26/9/17 Cat B II — Born April 22nd 1863 Age 55.

He states that a log fell on his left foot in fall of 1917 about 6 weeks before board on 26/9/17

6. PRESENT CONDITION. Appetite good, Bowels regular, Sleep restless. due to pain in back from sleeping on hard floor. Cough at night. Expectoration. Was kicked by a horse on left leg just below knee in 1884 or 1885. This causes pain now. Left foot painful

Objective Skin good, Nourishment good Development good. Chest. pain on breathing of left chest. Emphysema at Base Lung. Arteries very palpable Arteries sclerosed Left Radius Pulse weak to Examiner. The flexion of forth toe is impaired — a swelling exists about the size of a hen's egg on the dorsum of the foot between the 3rd and 4th metatarsal bones. Blood Pressure negative

7. OPERATION. (i.) Was one performed? No (ii.) If so, state what.

(iii.) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? Yes.

(ii.) If so, describe. Extracted owing to toothache

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) B 1

(b) Invalid to Canada?

(c) Discharge from the Service as permanently unfit?

Date of Report 27/11/18 191...

Signed ..... Officer in medical charge of case.

Station Quarantine Hospital

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Not in Hospital {Officer i/c / S.M.O. / Hospital / Brigade} Strike out one of these

Dated at ..... Station, on..... 191.....

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the diability fully described in Part I. (1)? No
If not, describe it.

I, the undersigned, have read and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

11. Is the cause of the disability fully described in Part I. (2)? Yes
If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by :—

(a) Negligence of the Soldier { Caused? / Aggravated? No

(b) Misconduct of the Soldier { Caused? No / Aggravated?

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.) 15 per cent

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3)..Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) all

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? No

(ii.) If not permanent, what is its probable minimum duration *(in months)*? Six months

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? No Comment

17. Can the former trade or occupation be resumed? Yes

18. REMARKS:— Patient complains of pain in back which he says was contracted while in the service. In my opinion this is not the case. Patient has a varicose condition of the veins of the left leg which may be the result of a kick.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

The Medical Officer in charge of the case will fill out pages 2 and 3 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O.C. Hospital or Medical Officer delegated for such duty by the O.C. Hospital will complete the certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therein except ..... "

This is a most important part of the papers and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

19. RECOMMENDATION:—

(a) Fit for duty? (state category) B 2

(b) Invalid to Canada?

(c) Discharge from Service as permanently unfit?

Date of Board 27. 11. 18

Signatures of the Board: J. J. Cockburn Capt President. [illegible] Capt Examr

Station Quarantine

Approved [illegible] A.D.M.S.

Dated at Station 191

ASSISTANT DIRECTOR OF MEDICAL SERVICES CANADIAN LOCOMOTIVE NOV 25 1918 13, BERNERS ST. LONDON, W.

FOR A.D.M.S. Canadian Command Area

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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.

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.

WAR SERVICE BADGE

Class "B" No. 49771 Issued

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.)

M

No.	297899
Rank	Private
Surname	ADAMS
Christian name	IRA ANSON

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

H

Corps (Squadron, Battery or Company)	DISTRICT DEPOT NO. 7
Date of discharge	APRIL 12, 1919
Place of discharge	FREDERICTON, N. B.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 56 years ..... months.
Height 5 feet 10 inches.
Complexion Fresh
Eyes Blue
Hair Dark Brown
Trade Farmer
Intended place of residence (To be given as fully as practicable.) Rowena, Victoria Co., N.B.

Descriptive marks
Mole on right shoulder and mole on abdomen.

2. The above-named man is discharged in consequence of being Medically Unfit.

Authority for discharge R.O. 1420 (a)

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

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.)

Deceased 12-9-39
649-A-1280

A.C.D. 13-2-20

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

Medical Documents Forwarded to ~~S. C. R. or~~ B. C. D. ON 23-4-19

E.R.J.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery*, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) Fredericton, N. B. J. A. Adams *(Signature of Soldier.)*

(Date) April 10th, 1919 J. W. Fogg Cpl *(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) Fredericton, N. B.

(Signature) [signature]

(Date) April 11, 1919

MAJOR
O. C. DISTRICT DEPOT NO. 7

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.)

None
J A Adams

Berth Rowena.

AUDITOR | PAYMASTER

M.D. No. 7

M. OR S. — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 297899 RANK A/E NAME (IN FULL) ADAMS, I.A. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. — DATE EFFECTIVE

TO WHOM PAID Mrs. A. Eliza Adams, Wife — RELATIONSHIP

ADDRESS Rowena, Victoria Co, N.B.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT? SS Northland 26/12/15

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 24-1-16 — TRANSFERRED TO — DATE — AUTHORITY 2595

ASSIGNED PAY $ 20 00 — DATE EFFECTIVE

PAYABLE TO Mrs A. Eliza Adams, Wife — RELATIONSHIP

ADDRESS Rowena, Victoria Co, N.B.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE 12-4-19

DISCHARGED — PLACE Fredericton — DATE 22-3-19 — REASON Med. Unfit — AUTHORITY D.O. 703 — IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.		TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.		TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
																																		T.O.S. D.O. 256.
Nov.								20	61																							20	61	
Dec.	31	1/-	24	10				30	00																				87	15	2	44			1-11 G.M.C. Londres OHQOS #38
Jan.	31	1/-	34	10	5	60		30	00	15	11/19					10	00												60	00			13	11	
Feb	28	1/-	30	80	30	00																50	00						50	00			23	91	
Mar	22	1/-	24	20	35	00		22	00	71	21					118	51					50	00			6	60	30	00	205	11	100	00		
"	9	1/-	9	90	9	00		118	51	137	41																	35	00	35	00			2	41	
Apr.	12	1/-	13	20	12	00		35	00	60	20	11	4/4/19			150	61					12	00							162	61	100	00		
										499	89																								
					W.S.H.	S.O.																W.S.H.	S.O.									Solicitor Def.		
183 days Claim					420	00		180		600	00											700	30	00						100		350		150		
																						70	30							100		280		120		
																						70	30							100		210		90		
																						70	30							100		140		60		
																						70	30							100		70		30		
																						70	30							100						
					420	00		180	00	600	00											420	00	180	00					600	00	0		0		

1-11 G.M.C. Londres OHQOS #38
Base Pay 1.10 Daily Rate
50 7.31 1-10 Mar 1-19 M.D. 15
C.R. 7375 Sarah
C.R. 9365 B
1 day's Pay D.O. 77
C.R. 10477 Re Appointee
C.R. 12165 (C.R.A.)
C.R. 305 438-9 ARR. 13/6/19
C.R. 845 603-64 ARR. 12/6/19
C.R. 1257/65-66 Arrears
C.R. 5455/55-56 Arrears

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

P 820
12474—375H,—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-5-16	EFFECTIVE DATE:-
AMOUNT:- 20 00	AMOUNT:-

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs E. A. Adams (wife)
Rowina
N.B Can.

Stopped eff 1 12 18

NAME:- ADAMS Ira. A. 54

NUMBER:- 297899

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 224 Forestry Bn

DATE ACCOUNT FIRST OPENED - 1/6/16.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C F C Eng

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
15/11/18	1603	~~[illegible]~~	12 17				
20/11		O.D charges 7/9	1 89				
						A/c agreed as at 30/9/18 £85 0	

PARTICULARS OF RENDERING NON-EFFECTIVE:- Transferred to Canada eff 1 12 18

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal Fowd								16 31	nil	
Apr	PP	33		CAP				20			
				AR162, 107Co 23/4/18	14 60				14 71		
		33			14 60			20			
May	PP	34 10		CAP				20			
				AR271 107Co 13/5/18	12 17				16 64		
		34 10			12 17			20			
June	PP	33		CAP				20			
				AR515 107Co 20/6/18	9 73				19 91		
		33			9 73			20			
July	PP	34 10		CAP				20			
				AR722 107Co 17/7/18	12 17				21 84		
		34 10			12 17			20			
Aug		34 10		CAP				20			
				AR962 107Co 19/8/18	14 60				21 34		
		34 10			14 60			20			
Sept		33		CAP				20			
				AR1194 107Co 17-9-18	14 60				19 74		
		33			14 60			20			
Oct	✓	34 10		CAP				20			
				AR1427 107Co 21/10/18	12 17				21 67		
		34 10			12 17			20			
Nov		33		CAP				20	34 67		
				AR1603 107Co 15/11/18	12 17						
				AR4723 C.R.D. Paris 9/12/18 Exp Ends	4 87				17 63		
		33			17 04			20			
				AR4005 107Co C.F.C 20/11/18	1 89				15 74		
					1 89						

A.G.M. FORM REN'D Stopped 1/12
DISCHARGED TO Canada E. 30/11/18
PAY BOOK VERIFIED
BAL 20 0 P.C. REN'D 27/11/18
INITIALS C NR 26/11

2061. C

3 4.87 Exp. Ends
15/11 on AR 1603

NUMBER 297899 RANK NAME ADAMS Dra. A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION

MARRIED OR SINGLE: Married

PLACE OF BIRTH: Perth. N.B.

NAME AND ADDRESS OF NEXT OF KIN: Annie Eliza Adams, Perth N.B.

RELATIONSHIP OF NEXT OF KIN: Wife

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 297899 RANK Pte. NAME Adams, Jno. A. -28

IF IN PERMT. CORPS WHAT UNIT — UNIT 224th Forestry Battn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Quebec

DATE OF ATTESTATION 3/4/16

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE May/16

PAYABLE TO Mrs E. A. Adams, Rowina N.B.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

TRANSFERRED TO	DATE	AUTHORITY
TRANSFERRED TO	DATE	AUTHORITY
TRANSFERRED TO	DATE	AUTHORITY
TRANSFERRED TO	DATE	AUTHORITY

RELATIONSHIP

RELATIONSHIP

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No	2 Date	3 No	3 Date	4 No	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
															9 10																9 10				
June	30	1.00	30	00	30	1.0	3	00							33 00					11.6	13/16			4	86			20	00		24	86	17	24	
July	31	1.00	31	00	31	1.0	3	1.0							34 10	208	29 6/16	24.6	13 7/16					487	487			20	00		29	74	21	60	
															3 7.50																				
Aug	31	1.00	31	00	31	1.0	3	1.0							34 10	390								973				20	00		29	73	25	97	
Sept	30		30		30		3	00							33	441	18 8/12	53.0	18 9/12					9 74	484			20			34	61	24	36	
Oct	31		31		31		3	1.0							34 10			61.0	11 10/12						973			20			29	73	28	73	
Nov.	30		30		30		3								33			71.1	1 1/12						12 17			20			32	17	29	56	20
Dec	31		31		31		3	1.0							34 10	787	3/12							1217				20	660		38	77	2.1	89	
1917 Jan	21	1.00	21	40																					730										
	31	.10																										20	467		31	97	27	02	
Jan	31	.10	34	10																								20			20		37	84	
Feb.	28	1.00 1/10	30	80											30 80																				
Mch	31		34	10											34 10	1812	28/12							14 60				20			58	94	12	98	
																1410	3/12	198.3	22/12					12 17	12 17										
															343 80									63 28	55 97			200	11 27	330 52					
															343 60									63 28	55 97			200	11 27	330 52	12	98			

As at 31.5.16

Forfeits bday pay by Rad Regs 8147 G.O.R. 24005 1502 Nov 7 19/12/16

297899 Pte Adams J. A. $20.00 A.P.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917															343 50								63 28	55 97			200 .	11 27	330 52	12 98				
Apl	30	1/10	33												33												20		20	25 98				
May	31	4	34	10											34 10	24	15/4						12 17				20		32 17	27 91				
June	.	.	33	00											33 00												20		20 .	40 91				
July	31	.	34	10											34 10	24	8/3/17						12 16				20		20 -	55 01				
Aug	31	.	34	10											34 10	24	8/3/17						12 17				70		44 33	44 78				
Sept	30	1/10	33	-											XX 78												20		20 -	57 78 ✓	✓			
															544 80								99 78	55 97			320	11 27	487 02					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
~~Sept~~	~~Balance~~	~~57 78~~							57 78.		
Oct.	P Pay	34 10		ap can.				20			
				502 27/9/17 C7C Enq.	12 17 —				59 71		
		34 10			12 17			20			
Nov 1 Dec 31	P Pay.	67 10		ap can				20			
				ar 2 25/9/17 51st Dist C7C.	12 17 —						
				ar N28 18/10/17 51 Dist C7C	12 17 —						
				2 N a R 392 24/7/17 182 Bde C7C	12 17 —						
		67 10		ap can. Dec	36 51			20 50 30			
								40			
Jan.	PP	34 10		ap can				20			
				ar N198 15/11/17 51 dist C7C	7 30 —						
				ar N429 9/11/17 55 dist C7C	24 33 —				32 77		
		34 10			31 63						
Feb	PP	30 80		Cap				20			
				ar N737 107 Co 15/1/18	9 73 —				33 84		
		30 80			9 73			20			
Mch	PP	34 10		Cap				20			
				ar 2449 107 Co 15/2/18	17 03 —						
				ar 1209 do 12/3/18	14 60 —				16 31 nil		
		34 10			31 63			20			
					31 63			20			