REGIMENTAL DOCUMENTS

NAME ADAMS. JOHN. 27990 UNIT 15th Bn. H. Q. FILE NO. 1649

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| | PARTICULARS OF CHARACTER (A.F.W. 3226) | | | | | |
| 1 | COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | | | |
| 1 | Envelope. | | | | | |
| 4 3 | Misc. | | | | | |
| 1 | CADC 50094. | | | | | |
| 1 | CD3. | | | | | |
| 1 | AFO 1735. | | | | | |
| | Cards | | | | | |
| | Pay Sheets | | | | | |

401904

W. 2589
100M-11-18
1772-39-1577

# ATTESTATION PAPER.

No. 27990

Folio. 2

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... John ..... John A Adams (27990)
2. In what Town, Township or Parish, and in what Country were you born? ..... London England
3. What is the name of your next-of-kin? ..... James Adams (brother)
4. What is the address of your next-of-kin? ..... Tunbridge
5. What is the date of your birth? ..... 31st May 1889
6. What is your Trade or Calling? ..... Chair maker
7. Are you married? ..... no
8. Are you willing to be vaccinated or re-vaccinated? ..... yes
9. Do you now belong to the Active Militia? ..... yes
10. Have you ever served in any Military Force? .. 3 yrs 1st D.C. Royal Rifles Kent R.
    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

John Adams ..... (Signature of Man).

Arthur F Gold ..... (Signature of Witness).

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Adams, do solemnly declare that the above answers made by me to the above questions 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.

John Adams ..... (Signature of Recruit)

Date 20 Sept 1914. Arthur F Gold ..... (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John 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.

John Adams ..... (Signature of Recruit)

Date 20 Sept 1914. Arthur F Gold ..... (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 Valcartier this 22nd day of Sept 1914.

J H Currie ..... (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Chas Dunn ..... (Approving Officer)

200 M.—8-14.
H.Q. 1774-1-13.

# Description of John L. Adams on Enlistment.

Apparent Age 25 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5' ft. 11 ins.

Chest measurement { Girth when fully expanded ..... 37 ins.
Range of expansion ..... 3 ins.

Complexion ..... Dark

Eyes ..... Blue

Hair ..... Black

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

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).

Tattoo R/ Wrist.

## 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 Sept 20th 1914. A J Macheen Lieut. Medical Officer.

Place Valcartier

*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.

John L 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.

Chas Barnes (Signature of Officer)

Date Sept 20 1914.

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 255107

THIS IS TO CERTIFY that No. 27990. (Rank) a/s/sgt.

Name (in full) John. Adams. enlisted in

the 15th Batt.

CANADIAN EXPEDITIONARY FORCE at Valcartier. on the 20th

day of September 1914

HE served in the 15th Batt. FRANCE.

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness~~.

---

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

Age 30 Years.

Height 5 ft. 11"

Complexion Dark.

Eyes Blue.

Hair Brown.

Marks or Scars Tattoo Rt. Wrist

John Adams
Signature of Soldier

Date of Discharge

12 - 8 - 19

Leg Reid
Issuing Officer

Capt
Rank

Date 8-8-19 19

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.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

Enr No 18090

Rank and Name ADAMS, John

Regimental No. 27,990

Unit 15th Battalion

Date of enlistment Sept 20th., 1914.

Place of birth London, England.

Married (Yes or No) No

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-kin

James Adams (brother)

Address unknown

Date and place of discharge

Reason for discharge

Character on discharge

| 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 |
|---|---|---|---|---|---|
| 16.11.14. | O.C. 15th | 8 days pay. Drunk. | West Dw. South | 16.11.14. | Part II Orders #249 |
| 1.12.14. | do. | 6 days loss of pay. 15 days field punishment } absence & insubordination | do | 1.12.14 | Pt II O. #336. |
| 25.1.15 | do. | 5 days pay 10 days F.P. } A.W.L. | Larkhill. | 25.1.15 | Pt. II O. #579 |
| 29.1.15 | do | 20 days Det. Refusing obey Orders | Gosport | 29.1.15 | do. #594. |
| 28.5.15 | W.O. | Adm #5 London F.A. | | 21.5.15. | On Swap. Wd. Shlds. Cas Rep. 65 |
| 1.6.15 | W.O. | Adm #2 Canadian G.H. | France. | 22.5.15 | On S.W. do 70 |
| 3.6.15 | W.O. | Military Hosp. | Lakenham | 25.5.15 | do. do 72 |
| 5.6.15 | W.O. | do | do | 27.5.15 | S.W. Shlds. do 74 |
| | | Embarked. | France. | | Nom Roll |
| 8/9/15 | W.O. | Transfd to Can Conv Hosp'l. | Monks Horton | 4/9/15. | Cas Rept #145. |
| 13/9/15 | " | do do. | Epsom | 9/9/15 | Cas Rept #149 |
| 17/11/15 | Pt 17th | On Nom Roll | | 17/11/15 | Nom Roll |

John Adams. 27990.

| 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 |
|---|---|---|---|---|---|
| 17. 11. 15 | O.C. 17th | Transfd to 43rd Bn | Shorncliffe | 19. 11. 15 | Part II Orders #274 |
| 7. 12. 15 | O C 43 | Dis from Con Hos | Epsom | 6. 12. 15 | Pt II O 70. |
| 15. 12. 15 | Do | Furlo extended to 22 12/15 | Shorncliffe | 16. 12. 15 | Pt II O #78 |
| 23. 12. 15 | Do | Reported from Furlo | Do | 22. 12. 15 | Pt II Orders 84. |
| 4. 1. 16 | Do | Hulct Pay 10 Days. absence | Do | 3. 1. 16 | Part II O #2. |
| 28. 1. 16 | O/C 43rd | Trans 18 17th Bn | " | 28. 1. 16 | Pt II 20 |
| 23. 2. 16. | O.C. 17th | 1 Days Pay. 2 " C.B. } Overstaying Pass 20/2/16 to 21/2/16 | Do | 23. 2. 16 | " 59a. |
| 7. 3. 16 | " | attached to Can. Record Office | London | 25. 2. 16 | " 75a. |
| 9. 6. 16 | O/C Rec O | To be A/Sgt | " | 1. 6. 16 | " 136 |
| 17-7-16 | O.C. Rec O. | Granted Furlough 15 7/16 to 24 7/16 | " | - | " 167. |
| 19. 7. 16 | O/C 17th Btn | Transferred to 92nd Btn | Shorncliffe | 19. 7. 16 | " 201 92nd Pt II. 181 of 27.9.16 |
| 25. 2. 16 | ~~O/C Rec O.~~ | attached (Pt. II No. 42 d (17-2-17. R.O) ~~T.O.S.~~ | London | 25. 2. 16 | " 47. |
| 27. 10. 16 | " | To be A/sgt group clerk. | " | 5. 10. 16 | " 255. |
| 28. 11. 16 | " | Granted permission to marry | " | 25. 11. 16 | " 282. |
| 27-7-17 | 1 C O R D. | T.O.S. and on Com Record office | Sandling | 27-7-17 | Pt II O. 140 |
| 4-8-17 | 1 C O R D. | Ceases att Record off and SOS to that Unit | " | 20-7-17 | Pt II O 148 |

182452

W I L L  O F

No. 27990 Rank. S/Sergt. Name. Adams J.

Forwarded to Officer i/c Estates, O.M.F.C.

by Paymaster, Canadian Record Office.

Green Arbour House, Old Bailey, E.C.4.

Date. 18/2/18.

20

Perforated sheet for Will from Pay Book of Reg.

No. 27990

Name. Adams. John.

Unit. Record Office.

**Military Will**

In the event of my death.
I give the whole of my
property & effects to my
Wife. Mundi Adams.
126. Queens Rd. Bayswater
London. England.

*Signature* John Adams.

*Rank and Regt* S/Sgt. Can. Record Office

*Date* 8.2.18.

REGISTERED.
WILLS-SECTION
21 FEB. 1918
ESTATES, E.C., LONDON.

*Name* ADAMS, J. *Rank* Pte. *Reg. No.* 27990

*Unit* 15th. Battn.

*Next of Kin* James Adams, Address Unknown

| Date 1918 | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| May 25 | Military Hos. | Lakenham | S.W. Stroke. | 72 | | |
| 4/9/15 | Can. Con Hos. | M. Horton | G.S.W.L. shd | 145 | | |
| 9/9/15 | " " | " | " | | | |
| | Trans to Con Hos. | Epsom | | 140 | | |
| 6-12 | & above Dis to | Depot | ( " ) | 229 | | |

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| | | | | | | |

# CANADIAN CONVALESCENT HOSPITAL, MONKS HORTON.

## ADMISSION CARD.

Regt. No. 27990 A. & D. No. 2-980

Rank Pte.

Name Adams.John.

Corps 15th.Bn.

Religion C.of E. Age 25

Disease G.S.W. L.Shldr.

Admitted 4-9-15 Seafield Hosp.Gt.Yarmouth.

Discharged

Place in Hospital

M. H. Rec'd M. H. Requested M. H. Ret'd

Transferred to Epsom 9.9.15.

Results

Shannon 8319-15

P.T.O.

REMARKS:

Festubert
- Ypres
- Norwich

H. Q. FILE No. 649-

NAME Adams, John.

REGT'L. No. 27990

RANK AND CORPS Pte. 15th Battalion

NO. 95

FOLL.

| CABLE | | NATURE OF CASUALTY |
|---|---|---|
| NO. | DATE | |
| C.16 73. | 29/5/15. | Wounded also R. 165 — 31-5-15. |

L. L. Job 83225 —M. & D. 5812.

M. F. W. 42—50m 7-15.
H. Q. 1772—39-893.

| LIST No. | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---|---|---|---|
| 68 | 5th Lon. Fd. Amb. | 21-5-15. | Shrap. W. Shldr |
| 70(4). | 2nd Can. Gen. Hosp. | 22/5/15. | S. W. |
| 72. | Mil. Lakenham. | 25/5/15. | S. W. Shldr. |
| 74. | Mil. Lakenham. | 27/5/15. | S. W. Shldr. |
| 145 | Can. Con. Monks Horton | 4-9-15 | G.S.W. Shoulder |
| 149. | " " Trans. to Can. Con. Hosp. Epsom. | 9-9-15. | G. S. W. L. Shldr. |
| 229. | Can. Convt. Epsom to Mil. Shorne. | 6-12-15 | G.S.W. Lt shldr. |

SURNAME. Adams

CHRISTIAN NAMES John

REGL. No. 27990 RANK Pte.

UNIT 15th. Bn.

FORMER CORPS 1st. Q. O. Royal West Kent. Regt. 3 yrs.

2 CARD No.

FOLL.

NEXT OF KIN.

NAM

RELA

ADDI

Adams. Mrs. M.

wife

21 Fairholm Rd.

W. Kensington.

m.d. 18-9-18
54-21-38-1

CHANGE OF ADDRESS

COUNTRY OF BIRTH England. London. DATE May 31st. 1889.

PLACE OF ATTESTATION Valcartier, P. Q. DATE Sept. 22nd. 1914

o/p 4-10-14

R/C 8.8.19 385/11 S/Sgt

L. L. 6945. M. & D. 6994. M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

From Quebec per [redacted] S.S. Megantic 4/10/14

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Chair Maker. RELIGION Not Stated.

DESCRIPTION.

APPARENT AGE 25 YEARS ____ MONTHS

HEIGHT 5' FEET 11 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Blue HAIR Black.

DISTINGUISHING MARKS Tattoo R. Wrist.

MEDICAL EXAMINATION. PLACE Valcartier, P.Q. DATE Sept. 20th. 1914

Present Address:— Not Stated.

Surname Adams

Christian Name or Names J.

Reg. No. 27990

Rank Pte.

Unit 15th Bn.

Co.

Troop

Batty.

Hospital 2nd Can. Gen.

Date of Admission 22-5-15

Transferred 5 Lond. F. Amb Hosp. 21. 5. 15

Lakenham Mil. Hosp. 26. 5. 15

Monks Horton Hosp. 4-9-15

Epsom Conv Hosp. 8-9-15

Diagnosis S. W. L. Shoulder.

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses, if more than one state present

DISPOSITION Discharged To Depot. Date 6. 12. 15.

C. L. 1 - 6. '15.

H. H. R. 10. 9. 15 70

do do

Ch. 29. 5. 15 68

C. L. 24. 12. 15 #229.

REMARKS

A.M.D. 2 DEPT.

Bch. of D[illegible] London.

# EPITOME OF HOSPITAL TREATMENT.

| | Hospital | Adm. |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

FILE No. 27990 VOL.

SUBJECT Adams John

| CHARGED TO | PER | DATE | CHARGED TO | PER | DATE |
|---|---|---|---|---|---|
| S | B | 13/12/26 | | | |

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

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.
12265—50M—11-22.

15 Bn

Duplicate

# ATTESTATION PAPER.

No. 27990

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... John Adams
2. In what Town, Township or Parish, and in what Country were you born?..... London England
3. What is the name of your next-of-kin?..... Jane Adams (Mother)
4. What is the address of your next-of-kin?..... —
   What is the date of your birth?..... 30th may 1889
5. What is your Trade or Calling?..... Chairmaker
6. Are you married?..... no
7. Are you willing to be vaccinated or re-vaccinated?..... yes
8. Do you now belong to the Active Militia?..... yes
9. Have you ever served in any Military Force?.. 3 yrs 1st 2 Q Royal West Surr
   If so, state particulars of former Service.
10. Do you understand the nature and terms of your engagement?..... yes
11. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... yes

John Adams (Signature of Man).

Curtis & Gold (Signature of Witness).

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Adams, do solemnly declare that the above answers made by me to the above questions 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.

John Adams (Signature of Recruit)

Date 20 Sept 1914. Curtis & Gold (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John 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.

John Adams (Signature of Recruit)

Date 20th Sept 1914. Curtis & Gold (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 Valcartier this 22 day of Sept 1914.

J H Currie (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

[redacted] (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

## Description of John Adams on Enlistment.

Apparent Age 20 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 4 ins.

Chest measurement: Girth when fully expanded ..... 37 ins.
Range of expansion ..... 3 ins.

Complexion ..... Dark

Eyes ..... Blue

Hair ..... Black

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

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).

Tattoo on R. wrist

## 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 Sept 20 th 1914. H. J. Machum

Place Valcartier ..... 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 rejected, and will briefly state below the cause of unfitness:—

## CERTIFICATE OF OFFICER COMMANDING UNIT.

John 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.

(Signature of Officer)

Date Sept 21 1914.

Form R 122.
8750—15M—25-4-17.

2nd. Page of Record.

Rank Name ADAMS, John. Reg'l No. 27990

Unit 15th. Battalion. If in perm. Corps What Unit? Married or Single ~~Single~~. Married

Place and Date of Enlistment 20th. Sept. 1914. Place of Birth London. England.

Name and Address, Next-of-Kin ~~James Adams~~, Mrs U. Adams. ~~126 Queens Road. Bayswater W~~ ~~Authy R.L. 29 19/9/17~~

~~Address unknown.~~ ~~5. CORONATION VILLAS.~~ ~~Shepperton Green.~~ Relationship ~~Brother.~~ 21. Fairholm Rd. ~~MIDDLESEX~~ W. Kensington. R.L. 29 Va P 4/9/18.

Assigned Pay Monthly $ Payable to

~~Auth. R.L. 29V. 21/5/18.~~ Relationship WIFE

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place x Rec Reason Character

H. W. V., Ld.—11319-17.

| 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. |
|---|---|---|---|---|---|
| | | 1st. Page of Record filed in envelope. | | 11.8.17 | |
| Present Unit....Record Office. | | Perm. Grade....Pte. | | Actg.Rank.....Sergt. | |
| 4-8-17. | C.O.R.D. | Ceases att Record office & S.O.S. to that unit | Sandling | 20-7-17 | Pt II 148 |
| 7-8-17 | C.R.O | TOS on trans from 1st C.O.R.D. | a/Sgt London | 20-7-17 | Pt II° 184 |
| 24-9-17 | " " | appt'd a/S/Sgt | " " | 1-6-17 | — 225a |
| 31.5.19. | C.R.O | ~~SOS~~ Y com to C D D Buxton amended CRO PAO 1579 10.7.19. | a/S/S do | 28.5.19 | — 126 |
| | | D 28-I-5 Sailing 31.7.19. | | | |
| 13.8.19 | — " — | Ceases Corm & is SOS to ~~C.D.D. Buxton~~ Canada | London | 31.7.19 ~~12/8/19~~ | Do 184a amended by C.R.O # 288A 3/10/19 |

Amend the [illegible] by C.R.O

D

| 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. | | | | | |
| | | | | | | |

(8915)—Wt. W4862—540.—600,000.—9-14.—G. A. T. & S., Ltd. Forms B. 103/1.

Sheet 1

Army Form B. 103.

# Casualty Form—Active Service.

Regiment or Corps 15th Canadian Battalion, 48th Highlanders of Canada

Regimental No. 27990 Rank Private Name Adams, John

Enlisted (a) 20/9/14 Terms of Service (a) _____ Service reckons from (a) _____

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 | | 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 | | | | |
| 21/5/15. | 5th Lon. FA | Wounds. Chest. Shoulder. | 2 | 21/5/15. | To Choques. A 36 |
| 22/5/15 | 5th Lond. FA. | Transfr. 2 Can. General. | | 22/5/15 | 2 Can General. A36 |
| 27/5/15 | 2 Can. Stat. | Transfer | To England. | 27/5/15 | To England 3034. |
| 100 Coy. | List | " W.O. 23454 | | 27/8/15 | Lakenham Hosp. Norwich W.O. 23454 |
| 17/11/15 | O.C. 17th | Transf. to 43rd Bn. | Shorncliffe | 19/11/15 | R.T.O. 274 |
| 28/1/16 | O.C. 43rd | " " 17th Bn. | " | 28/1/16 | " " 20 |
| 7. 3. 16 | O.C. 17th | attached to Can. Record Office | London | 25. 2. 16 | Part II O.O. 45a. |

CAPT.
OFFICER i/c RECORDS
CANADIAN SECTION G. H. Q.

25-A-231

(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 | | | | |
| 9.6.16 | O/c Records | To be A/Cpl | London | 1 6 16 | P II 136 |
| 19.7.16 | " | Tfd to 92nd Bn | Shorncliffe | 19.7.16 | " 201 |
| 27 10 16 | " | To be A/Sgt Group Clerk | London | 5 10 16 | " 255 |
| 28.11.16 | " | Granted Permission to Marry | " | 25.11.16 | " 282 Auth O/c 17th Res Bn N.S 206-10-16 22/11/16 |
| | " | | " | | |

Army Form B. 103.

M.S.D. CLASS "A"

# Casualty Form—Active Service.

Regiment or Corps 15th Battn Regimental Number 27990

Rank Private Surname Adams Christian Name John

Religion C of E. Age on Enlistment 25 years _____ months.

Enlisted (a) 20. 9. 14 Terms of Service (a) D of W Service reckons from (a) 20. 9. 14

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) _____

or Corps Trade and Rate Chairmaker

_____ Signature of Officer i/c Records.

| Report: Date | Report: From whom received | Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty | Date of Casualty | Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents |
|---|---|---|---|---|---|
| | | Embarked ... | Canada | 22. 9. 14 | |
| | | Disembarked... | | | |
| 28. 5. 15 | WO | Adm. #5 London Fa | | 21. 5. 15 | bd 68 |
| 1. 6. 15 | WO | " #2 Can. G H | France | 22. 5. 15 | bd 70 |
| 3. 6. 15 | WO | Mil. Hosp. | Fakenham | 25. 5. 15 | bd 72 |
| 5. 6. 15 | WO | " " | " | 27. 5. 15 | bd 74 |
| 8. 9. 15 | WO | Tfd Can. Con. Hosp. | Monks Horton | 4. 9. 15 | bd 145 |
| 13. 9. 15 | WO | " " " " | Epsom | 9. 9. 15 | bd 149 |
| 17. 11. 15 | Ob 17th Bn. | On Nom Roll | | 17. 11. 15 | |
| 17. 11. 15 | " " | Tfd 43rd Bn. | Shorncliffe | 19. 11. 15 | PII 274 |
| 7. 12. 15 | " 43rd Bn. | Dis. fr. Conv. Hosp. | Epsom | 6. 12. 15 | PII 70 |
| 28. 1. 16 | " " | Tfd 17th Bn. | Shorncliffe | 28. 1. 16 | PII 20 |
| 7. 3. 16 | " 17th Bn. | Attd to Can. Record Off. | London | 25. 2. 16 | PII 75a |

(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) Signaller, Shoeing-smith, &c.

[P.T.O.

(B99130) W 15012—5156 J. P. & Co., Ltd. Forms/B103/3.

B Snyder Capt.

Original incomplete
Copied from Records

| Report | | Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty | Date of Casualty | Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| 9. 6. 16 | O.C. R.O. | To be A/Cpl. | London | 1. 6. 16 | P II 136 |
| 19. 7. 16 | " 17th Bn. | Tfd. to 92nd Bn. | Shorncliffe | 19. 7. 16 | P II 201 |
| 27 10 16 | O/c Records | To be A/Sgt Group Clerk | London | 5. 10. 16 | P II 255 |
| 28 11 16 | " | Granted permission to Marry | " | 25 11 16 | P II 282 Auth O/c 17th Res Bn N.S. 206-10.16 25/11/16 |
| 19. 12 16 | " | Tfd from 17th Res Bn to 92nd Res Bn | " | 19. 12 16 | P II 300 17th P II 201. 92nd P II 181 |
| 7. 8. 17 | " | T.O.S. from 1 C.O.R.D. | " | 20. 7. 17 | Pt. 184(a) appt. |
| 24 9 17 | " | To be A/S/Sgt | " | 1. 6. 17 | P II 225(a) |
| 28 12 18 | " | Entitled to wear Ribbon 1914/15 Star | " | 28. 12 18 | RO 509 |
| 28. 5. 19 | " | S.O.S. to C.D.D. Buxton | " | 28. 5. 19 | P II DO 123 |

E. W. Johnson Capt
Adjt.
FOR Officer i/c Records,
Canadian Overseas Military Forces.

29/5/19 Attached C.D.D. Buxton for return to Canada, Part II Order No. 125

30/7/19 Ceases to be attached C.D.D. Buxton on proceeding to Canada, Part II Order No. 175

S. Vickers Lt. for Lt. Col.
Commanding Canadian Discharge Depot.

R.M.S. "ORDUNA."
Sailing No. D. 28,
Embarked July 3[illegible], '19,
Debarked, August 8, '19,

W. E. Bellitt Capt
Adjt. No. 14, C.T.C.S.

BEWLEY, FOLKESTONE.
2000 } 2-3-[illegible]-5156
1000 }

13

# EXAMINATION
BY
# STANDING MEDICAL BOARD, ~~SHORNCLIFFE.~~

D.M.S. Office, 86, Strand, LONDON.

March 20th, 1916.

No. 27990 Unit 15th Battn. (original) now 17th Battn Reserve, (working at Record Office). Rank Private.

Name Adams, John. Age.

Examination held at

**DISABILITY.** (Shrapnel wound left Shoulder).

Overseas—Local.
(scratch one out)

Present Condition : There is a Scar 2½ inches in length and 1½ inches in breadth crossing spine of Scapula close to Vertebral border. It is quite healed and all movements of arm and shoulder are good. He is in excellent physical condition.

Board recommends :

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

Signatures :

Members { David Donald, Major, C.A.M.C. Pres.
T. A. Malloch, Capt. C.A.M.C.

Approved.

Shorncliffe _____ 1916. _____ Capt.

A/D. A.D.M.S.
Canadian Training Division.

C.A.D.C. 5009A

## CANADIAN ARMY DENTAL CORPS, O.M.F.C.

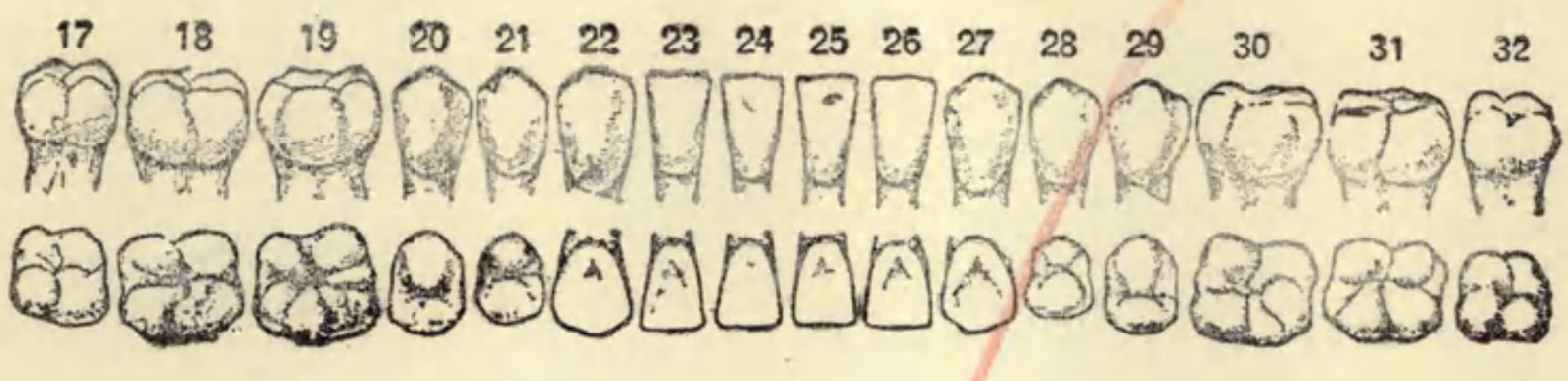
# DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ADAMS, J.

REGIMENT Gen. Depot. RANK A/S/Sgt. No. 27990

Date of Examination in England 15/5/19 Date of Examination in France




**DIRECTIONS TO DENTAL OFFICERS**

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

## PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

Nil

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada
- (b) In England
- (c) In France

Nil

*Signature of Dental Officer* E. J. Kelly Capt. C.A.D.C.

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

# WAR SERVICE GRATUITY.

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names John 2. Surname Adams

3. Rank S/ Sergt 4. Original Unit 15th Bn 5. Reg. No. 27990-

6. Address, in full, to which future payments of gratuity are to be forwarded
Bank of Hamilton
Owen Sound Ont.

7. Date of enlistment in the C.E.F. 20-9-14 WWD

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs M. Adams

9. Relationship of such dependent Wife

10. Address, in full, of such dependent ~~26 Lead. Rd~~ 481-13th St W. Owen Sound Ont.
~~Foots Bray Sidcup Kent~~

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?

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:—

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?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

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 1 month 15th Bn Can.
4 months 15th Bn Eng 4 months 15th Bn
France 12 months 17th Res Bn & Hosp: 37 months
Can: Records: Office. Total service 56 months

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

5434. Wt. /P30. 250,000(8). 2/19. S.O.,F.Rd.
6121. Wt. /P51. 35,000(4). 5/19. S.O.,F.Rd.

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

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 No

20. Have you been issued with a War Service Badge? If so what class?

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 No

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No

(b) If so, was such reversion in consequence of misconduct or inefficiency? No

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge

(b) Reason for discharge DISCHARGED 12.8-19

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

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

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

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.

QUESTIONS 12, 13, 14, 20, 24, 25, 26 & 27. UNANSWERED.

Signature of Applicant: John Adams.

Place of Residence: 481. 13th St. West. Owen Sound Ont.

Declared before me at: Buxton, England

This 2 day of June 19 19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

Allocated

T. Mayor

## POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

29247 THE MORTIMER SYSTEMS
OTTAWA, CANADA

NAME ADAMS, John Pte.

Regimental No. 27.990

Unit 15th Battalion

Date of enlistment Sept. 20th 1914

Place of Birth England (London)

Married (yes or no) No

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

James Adams, (brother)

Address-Unknown.

Date and place discharged

Reason for discharge

Character on discharge

RECEIVED 7 MAR. 1917 CASHIER'S DEPT.

| Date From | Date To | PAY No. of Days | PAY Rate | PAY Amount | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount | Other Credits | Total Credits | Voucher No. | Voucher Date | Cash Payments | Assigned pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1914 | | | | | | | | | | | | | | | | |
| Sept 22 | Oct 31 | 40 | 1— | 40 | 40 | 10 | 4 | | 44 | | | 44 | | | 44 | |
| Nov 1 | Nov 30 | 30 | 1— | 30 | 30 | 10 | 3 | | 33 | | | 24 20 | | 8 80 | 33 | Nov 16 - 8d. pay - drunk |
| Dec 1 | Dec 31 | 31 | 1 | 31 | 31 | 10 | 3 10 | | 34 10 | | | 11 10 00 | | 23 10 | 34 10 00 | Dec 6 days R.W. 15 T.P. |
| Jan 1 | Jan 31 | 31 | 1 | 31 | 31 | 10 | 3 10 | | 34 10 | | | 39 10 / | | 16 50 | 34 10 | Jan 25 B.O. 579 5 days R.W.F. |
| Feb 1 | 28 | 28 | 1 | 28 | 28 | " | 2 80 | 24 10 | 54 90 | | | / | | 22 | 2 38 50 | 29 " 594 - 20 days Gosport |
| Mar 1 | 31 | 31 | 1 | 31 | 31 | " | 3 10 | 16 40 | 50 50 | | | 14 . | | | 14 . | |
| Apr. 1 | 30 | 30 | 1 | 30 | 30 | - | 3 . | 36 50 | 69 50 | | | 3 . | | | 3 . | |
| May 1 | 31 | 31 | 1 | 31 | 31 | " | 3 10 | 66 50 | 100 60 | | | 6 . | | | 6 . | |
| June 1 | 30 | 30 | 1 | 30 | 30 | . | 3 . | 94 60 | 127 60 | | | . . | | | - . | Transf. to 17th Batt. 30/6/15 BO 1397 |
| July 1 | July 31 | 31 | 1 | 31 | 31 | . | 3 10 | 127 60 | 161 70 | | | 55 25 | | | 55 25 | |
| | | | | | | | | 106 45 | | | | 49 45 | | | | 4:45 Exchange |
| Aug 1 | Aug 31 | 31 | 1 | 31 | 31 | . | 3 10 | 110 90 | 145 . | | | 25 | | | 25 | |
| Sept 1 | Sep 30 | 30 | 1 | 30 | 30 | . | 3 . | 144 75 | 177 75 | | | 148 26 | | | 148 26 | |
| Oct 1 | Oct 31 | 31 | 1 | 31 | 31 | . | 3 10 | 29 69 | 63 79 | | | 63 75 | | | 63 75 | 20c error in Carry forward. Sept. to Oct. adjusted in Nov sheet 17th Batt. |
| . | . | . | . | . | . | . | . | 04. | | | | 24 32 | | 20 | 24 52 | Trans. 43rd Batt. 1303 6858 28/11/15 |
| Nov 1 | Dec 31 | 61 | " | 61 | 61 | " | 6 10 | 3 36 | 40 46 | | | 44 48 | | 24 48 | 41 93 | 7 days Furlo R78 |
| Jan 1 | 31 | 31 | " | 31 | 31 | " | 3 10 | | 34 10 | | | 14 03 | | 11 | 44 29 50 | 10 days sick Ro2. 2c to 14th Bn |
| Feb 1 | 23 | 23 | - | 23 | 23 | " | 2 30 | 4 60 | 29 90 | | | 19 47 | | 1 10 | 20 57 | 1 days Pay B059a 22/2/16. Trans to P+R office |
| | | | | 520 00 | | | 52 00 | 9 33 | | | | 281 98 | | 82 50 | | P+R orders 26/2/16 |
| | | | | | | | | 4 81 | | | | | | | | |

Forward

| Date From | Date To | PAY No. of Days | PAY Rate | PAY Amount | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount | Other Credits | Total Credits | Voucher No. | Voucher Date | Cash Payments | Assigned pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1916 | | | | | | | | | | | | | | | | |
| 24 Feby | 31 March | 37 | 1.50 | 55 50 | 37 | 20 | 7 40 | 9 33 / 37 / 2 16 | 109 23 | | | 87 60 | | 19 47 | 107 07 | $9.47 = £4 ak 977.17 Batt |
| | Totals | | | 575 50 | | | 59 40 | 44 81 | 679 71 | | | 575 58 | | 101 97 | 677 55 | |

"BALANCE TRANSFERRED TO NEW LEDGER"

P—33

## 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.

CONCUR - except that in 9(A) - can only raise arm to 135° (abduction)
9(B) - systolic 130 - Diastolic 90.

19. Is the invalid fit for

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

"Bii" - Boarded for return to Canada. Auth.A?C?Tel.9083 of 11-11-18.

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.

(Sgd) Harold Buck, Major CAMC A/*President.*

PLACE 13, Berners St. London. W.1. J?N.O.Macoun, Major CAMC } Members

DATE 26/5/19.

### 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.....
CERTIFIED TRUE COPY
DATE..... } Members

APPROVED BY .....
*Assistant Director of Medical Services.*
for A. D. M. S. Canadians, London Area.
DATE.....

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

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA
MAY 27 1919
13, BERNERS ST. LONDON, W.1

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 LONDON. DATE 14-5-19.

1. 1 (*a*) Unit Gen.Dep.Witley. (*b*) Regimental No. 27990. (*c*) Rank A/S/Sgt
(*d*) Surname ADAMS. (*e*) Christian name John.
(*f*) Home address G.P.O. Owen Sound, Ontario. Canada.
(*g*) Next of Kin Ulundi Adams. (*h*) Relationship Wife.
(*i*) Address of Next of Kin G.P.O. Owen Sound. Toronto. Canada.

2. Age last birthday 29. Date of birth 21-5-1889.

3. Enlistment, or Appointment (if an Officer) (*a*) Place Valcartier. (*b*) Date 20-9-14.

4. Personal description:
(*a*) Height 5ft. 11ins. (*b*) Weight 165(est) (stripped) (*c*) Complexion Dark.
(*d*) Colour of hair Brown. (*e*) Colour of eyes Blue. (*f*) Identification marks, Scars, etc. Tattoo Rt.Wrist.

5. Former trade or occupation Lumberman.

| 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 |
|---|---|---|

| | Periods | |
|---|---|---|
| | From | To |
| Canada | 20-9-14 | 29-9-14. |
| England | 29-9-14<br>20-5-15 | 10-2-15. |
| France or other theatres of War | 10-2-15. | 20-5-15. |

7. Original disease, or injury (a).Lacerated Wound Lt.Shoulder.
(b).Disordered action of heart.

(*a*) Date of origin (a) 20th.May 1915. (b) Indefinite. (*b*) Place of origin (a) Festubert,France. (b) France.
(*c*) Cause (a)G.S.W's. (b) Active service conditions.

M. F. B. 227.
300M.—8-18.
1772-39-117.

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.)

(a). Weakness Left Shoulder.

(b). Shortness of breath.

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.)

(a). OBJECTIVE. - He has large depressed scar on back over left scapulas spine near the vertebral border - there has been a fracture of left scapula and there has beenloss of muscular tissue in this area.

[illegible] - Heart is rapid- 96 standing after touching toes ten times 144 - and becomes slightly irregular - it returns to 96 after three minutes rest.

(b). OBJECTIVE. - Nil.

SUBJECTIVE.-(a)States left arm and shoulder are much weaker than previous to receiving wound - He also has pain in shoulder and left chest at intervals.

(b) Unusual exertion causes shortness of breath.

(*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 No. Any other general condition No.

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

STATEMENT. - Wounded at Festubert 20-5-15 after about nine months hospital treatment was boarded and marked fit - this was changed to C.11. and he was sent to clerical work which he has been doing ever since.



1 —(*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*).)

NIL.

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

Scar over of left side scapula.

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

(a) Not applicable. (b). Not applicable.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (A). (a) No. (b) No. - (B). (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? (a) Permanent (b) six months.

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

Hospital treatment for about nine months.

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

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

17. Recommendations

M S Inglis Captain. C.A.M.C.
*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 J.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

AB

J.Adams a/S/Sgt. Rank.
*Signature of invalid examined.*

## 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.

CONCUR - except that in 9(A) - can only raise arm to 135° (abduction)
9(B) - systolic 130 - Diastolic 90.

19. Is the invalid fit for

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

"Bii" - Boarded for return to Canada. Auth.A?G?Tel.9083 of 11-11-18.

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.

(Sgd) Harold Buck, Major CAMC A/*President.*

PLACE 13, Berners St. London. W.1. J?N.O.Macoun, Major CAMC } Members

DATE 26/5/19.

### 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.....

CERTIFIED TRUE COPY

} Members

DATE.....

APPROVED BY .....
*Assistant Director of Medical Services.*
Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area.

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

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS LONDON AREA
MAY 27 1919
13, BERNERS ST. LONDON, W.1

DATE.....

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 LONDON. DATE 14-5-19.

1. 1 (*a*) Unit Gen.Dep.Witley. (*b*) Regimental No. 27990. (*c*) Rank A/S/Sgt
(*d*) Surname ADAMS. (*e*) Christian name John.
(*f*) Home address G.P.O. Owen Sound, Ontario. Canada.
(*g*) Next of Kin Ulundi Adams. (*h*) Relationship Wife.
(*i*) Address of Next of Kin G.P.O. Owen Sound. Toronto. Canada.

2. Age last birthday 29. Date of birth 31-5-1889.

3. Enlistment, or Appointment (if an Officer) (*a*) Place Valcartier. (*b*) Date 20-9-14.

4. Personal description:
(*a*) Height 5ft. 11ins. (*b*) Weight 165(est) (stripped) (*c*) Complexion Dark.
(*d*) Colour of hair Brown. (*e*) Colour of eyes Blue. (*f*) Identification marks, Scars, etc. Tattoo Rt.Wrist.

5. Former trade or occupation Lumberman.

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 | Periods From | Periods To |
|---|---|---|---|---|
| Canada | | | 20-9-14 | 29-9-14. |
| England | | | 29-9-14<br>20-5-15 | 10-2-15. |
| France or other theatres of War | | | 10-2-15. | 20-5-15. |

7. Original disease, or injury (a).Lacerated Wound Lt.Shoulder.
(b).Disordered action of heart.

(*a*) Date of origin (a) 20th.May 1915. (b) Indefinite. (*b*) Place of origin (a) Festubert, France. (b) France.
(*c*) Cause (a)G.S.W's. (b) Active service conditions.

M. F. B. 227.
300M.—8-18.
1772-39-117.

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.)

(a). Weakness Left Shoulder.

(b). Shortness of breath.

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.)

(a). OBJECTIVE. - He has large depressed scar on back over left scapulas spine near the vertebral border - there has been a fracture of left scapula and there has beenloss of muscular tissue in this area.

~~SUBJECTIVE.~~- Heart is rapid- 96 standing after touching toes ten times 144 - and becomes slightly irregular - it returns to 96 after three minutes rest.

(b). OBJECTIVE. - Nil.

SUBJECTIVE.-(a) States left arm and shoulder are much weaker than previous to receiving wound - He also has pain in shoulder and left chest at intervals.

(b) Unusual exertion causes shortness of breath.

(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 No. Any other general condition No.

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

STATEMENT. - Wounded at Festubert 20-5-15 after about nine months hospital treatment was boarded and marked fit - this was changed to C.11. and he wasmsent to clerical work which he has been doing ever since.



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).)

NIL.

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

~~Scar over of left side scapula.~~ Scar over spine of Scapula left side

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

(a) Not applicable. (b). Not applicable.

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

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

Hospital treatment for about nine months.

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

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

17. Recommendations

M S [illegible] Captain. C.A.M.C.
*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 J 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

H.B.

J Adams a/S/Sgt Rank.
*Signature of invalid examined.*

H.C.T. 09

# RE-EXAMINATION

BY

# STANDING MEDICAL BOARD,

~~SHORNCLIFFE.~~ D.A.D.M.S Office, St Thomas Londen.

21 March 1916.

14

Number 27990

Name Adams, John

Rank Private

Unit 15 Batt^n (original) now 17 Batt^n Reserve (working at Record Office)

DISABILITY:—

(Shrapnel Wound left Shoulder)

PRESENT CONDITION:—

There is a Scar 2½ inches in length & 1½ inches in breadth ~~on~~ & crossing Spine of Scapula close to Vertebral border. It is quite healed and all movements of arm and shoulder are good. He is in excellent physical condition

BOARD RECOMMENDS:—

1. Fit for Duty? Yes.
2. Fit for Permanent Light Duty?
3. Fit for Temporary Light Duty and Physical Exercise?
4. Discharge?

SIGNATURES:—

Members { David Donald, Major Can^a Pres.
T. G. Mallock Capt. C.G.M.G

Approved.

SHORNCLIFFE, _____ 1916.

_____ *Capt.*

A/D.A.D.M.S.
Canadian Training Division.

## Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

| Date | Brief details, and signature |
|---|---|
| 1914. | Vac. O.K. A.J. Mackenzie. |
| 1914 | Anti Typh Inoc. O.K. A.J. Mackenzie. |

## Table IV.—Service Table.

| Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation | Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation |
|---|---|---|---|---|---|
| | | | | | |

BP

DUPLICATE.

27990

Army Form B. 178.

**To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.**

# MEDICAL HISTORY of

*Surname* A D A M S *Christian Name* John

TABLE I.—GENERAL TABLE.

Birthplace .. Parish London County England.

Examined .. .. .. on 20th day of September 1914.
at Valcartier.

Declared Age .. .. 25 years days.

Trade or Occupation .. Chairmaker.

Height .. .. .. 5 feet 11 inches.

Weight .. .. .. 170 lbs.

Chest Measurement — Girth when fully Expanded 34 inches.

Chest Measurement — Range of Expansion 37 inches.

Physical Development .. Good

Vaccination Marks — Arm .. Right Left

Vaccination Marks — Number m 4

When Vaccinated .. .. 1908

Vision .. .. .. R.E.—V=
L.E.—V=

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

(b) Slight defects but not sufficient to cause rejection .. .. .. (b) None

Approved by .. (*Signature*) A.J. Mackenzie.

(*Rank*) Major.

*Medical Officer.*

I certify the foregoing to be a true copy of the original entry on a Medical History Sheet of this Man.

for the Officer in Charge of Records C.A.M.C. Canadian Contingents.

Enlisted .. .. .. at Valcartier.
on 20th day of September 1914.

| Corps. | Regtl. No. |
|---|---|
| Joined on Enlistment .. 15 1st Battalion. | 27990 |
| Transferred to .. .. 15 | |

Became non-effective by ..

on day of 191 .

(*Signature*)

(*Rank*)

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

W.R. WARD,
Colonel in Charge of Records,
Canadian Contingents.

P.T.O.

W. P. Griffith & Sons Ltd., Printers, Old Bailey.
[634] 200m 5/15ss 45 59

Forms B. 178.

## Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

| Name of Hospital | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number of days in Hospital | Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet. | Signature of Medical Officer |
|---|---|---|---|---|---|---|---|---|---|---|
| | Day | Month | Year | Day | Month | Year | | | | |
| Can.Con.Hosp.<br>Monks Horton. | 4 | 9 | 15 | 9 | 9 | 15 | G.S.W. Rt. shoulder | | Bestubert<br>- Le Treport<br>- Norwich.<br>T.Lyon. Capt, | |
| Can.Con.Hosp.<br>Woodcote Pk.Epsom | 9 | 9 | 15 | 6 | 12 | 15 | do. | 89 | Fit. | D.W.McPherson. Lt Col |

**Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.**

| Date | Brief details, and signature |
|---|---|
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**Table IV.—Service Table.**

| Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation | Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |
| | | | | | |

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.

C.A.M.C.
for the Officer in Charge of Records
Canadian Contingent.

DUPLICATE 6549 27990

ARMY FORM B. 178.

**To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.**

# MEDICAL HISTORY of

*Surname* ADAMS *Christian Name* J.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish ______ County ______

Examined ... ... ... on ______ day of ______ 191 , at ______

Declared Age ... ... ______ years ______ days.

Trade or Occupation ... ______

Height ... ... ... ______ feet ______ inches.

Weight ... ... ... ______ lbs.

Chest Measurement: Girth when fully Expanded ______ inches. Range of Expansion ______ inches.

Physical Development ... ______

Vaccination Marks: Arm ... Right ______ Left ______ ; Number ______

When Vaccinated ... ... ______

Vision ... ... ... R.E.—V= ______ L.E.—V= ______

(a) Marks indicating congenital peculiarities or previous disease ... (a) ______

(b) Slight defects but not sufficient to cause rejection ... ... ... (b) ______

Approved by (*Signature*) ______ (*Rank*) ______

*Medical Officer.*

Enlisted ... ... ... at ______ on ______ day of ______ 191 .

| | Corps. | Regtl. No. |
|---|---|---|
| Joined on Enlistment ... | 17th Bn. | 27990 |
| Transferred to ... ... | 43rd Bn. | |
| | 15th Bn. attd. to 17th Res. | |

Became non-effective by ... ______

on ______ day of ______ 191 .

(*Signature*) ______

(*Rank*) ______

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

(4887.) W.9597/1588. 500M. 9/15. C.P., LTD. Forms B. 178 / 39

P.T.O.

N. Edmunds Betty
Lieut.-Col.
In Charge of Records,
Canadian Contingent.

## Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

| Name of Hospital | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number of days in Hospital | Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet. | Signature of Medical Officer |
|---|---|---|---|---|---|---|---|---|---|---|
| | Day | Month | Year | Day | Month | Year | | | | |

## Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

| Date | Brief details, and signature |
|---|---|
| 1914. | Vacc. O.K. A.J.Mackenzie. |
| 1914. | Anti-Typhoid Inoc. O.K. Mackenzie. |
| June 1917 | I.a.B. 2 c.a Laugmaid. |
| NOV 20 1917 | Category B 3 c.a.h. |
| 22 MAY 1918 | " " c.a.h. |
| 26-5-19 | 13. Berners St. W. 1<br>A. Lacerated wound of L. Shoulder<br>B Fit for A.M.<br>Maj<br>Jno Macewan<br>Major Canadians |

## Table IV.—Service Table.

| Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation | Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation |
|---|---|---|---|---|---|
| | | | | | |

Army Form B. 178.

ORIGINAL.

**To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178[A] to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.**

# MEDICAL HISTORY of

*Surname* Adams *Christian Name* John

TABLE I.—GENERAL TABLE.

Birthplace ... Parish London County England.

Examined ... ... ... on 20th day of September 1914.
at Valcartier.

Declared Age ... ... 25 years days.

Trade or Occupation ... Chairmaker

Height ... ... ... 5 feet, 11 inches.

Weight ... ... ... 170 lbs.

Chest Measurement. Girth when fully Expanded. 37 inches.
Range of Expansion. 3 inches.

Physical Development ... Good

| Vaccination Marks | Right | Left |
|---|---|---|
| Arm ... | | |
| Number ... | | 4 |

When Vaccinated ... ... 1908

Vision ... ... ... R.E.—V=
L.E.—V=

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

(b) Slight defects but not sufficient to cause rejection ... ... (b)

Approved by (*Signature*) A.J.Mackenzie.
(*Rank*) Major.
*Medical Officer.*

Enlisted ... ... ... at Valcartier.
on 20th day of September 1914.

| Joined on Enlistment ... | Corps. | Regtl. No. |
|---|---|---|
| | 15th Bn | 27990 |
| Transferred to ... ... | | |

Became non-effective by ...

on day of 191 .

(*Signature*)
(*Rank*)

(7278.) Wt. 2869—'662. 200M. 5/15. J. T. & S., Ltd. Forms B. 178.

P.T.O.

CANADIAN

**Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.**

| Name of Hospital | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number of days in Hospital | Remarks based on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet. | Signature of Medical Officer |
|---|---|---|---|---|---|---|---|---|---|---|
| | Day | Month | Year | Day | Month | Year | | | | |
| CANADIAN CONVALESCENT HOSPITAL MONKS HORTON, NEAR HYTHE, KENT | 4 | 9 | 15 | 9 | 9 | 15 | G.S.W. Lt. Shldr. | | Festubert<br>– Le Treport<br>– Norwich<br><br>T. Lyon<br>Capt.<br>DJB | |
| CANADIAN CONVALESCENT HOSPITAL REGISTRAR'S DEC 6. 1915 OFFICE WOODCOTE PARK, EPSOM, SURREY | 9 | 9 | 15 | 6 | 12 | 15 | do | 89 | Fit<br><br>Duplicate Medical History Sheet posted to here.<br>Medical Registrar<br>Record Office. | D.W. McPherson Lt.Col<br>Officer Commanding<br>Canadian Convalescent Hospital,<br>Woodcote Park, Epsom, Surrey. |

"ORDUNA" 13-8-19

A 2460

DISPERSAL

AUDITOR | PAYMASTER

12

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 27990 RANK A/Sgt NAME (IN FULL) A D A M S, J. (BLOCK LETTERS SURNAME FIRST)

M. OR S.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes Closed by England — DATE EFFECTIVE 31/7/19

TO WHOM PAID Same — RELATIONSHIP

ADDRESS

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| See Adjts | | |

ORIGINAL UNIT C.E.F. G.D.

IF IN P.F. WHAT UNIT? ~~[illegible]~~

PLACE OF ATTESTATION — TRANSFERRED TO ~~Bank of Hamilton Owen Sound Ont~~ DATE AUTHORITY

DATE OF ATTESTATION 20/9/14 — TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 24 — DATE EFFECTIVE 31/7/19 Closed by England

PAYABLE TO Mrs V. Adams — RELATIONSHIP

ADDRESS ~~481 13th St West~~ same ~~Owen Sound Ont~~

ANY CHANGE IN ASSIGNEE OR ADDRESS: c/o F. C. Fowler, Genl Delivery, Oshawa Ont } both cheque 15409

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Halifax — DATE 12-8-19 — REASON Demob — AUTHORITY M.D.6 — IF ENTITLED TO POST DISCHARGE PAY Yes

| Month | No. of Days | Rate | Amount | Other Credits | | Total Credits | Acquittance Rolls Col. No. 1 | Col. No. 2 | Col. No. 3 | Cash Payments Col. 1 / 2 / 3 | Assigned Pay | Other Charges | (cont.) | Total Debits | Balance Debit | Balance Credit | Particulars or Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Balance from previous account 31/2/19 | | | | | | | | | | | | 19 21 | | 19 21 | 19 21 | | Debits Balce |
| 14/8/19 | 75 | 2 10 | 157 50 | 35 — / 70 — | | 262 50 | 244519 / 724 / 1540 | 55 18 | 84 83 | 165 62 / 4 87 / 5 — | 24 — | | | 199 49 | | | Cloth Allce 1st W.S.G. |
| | | | | | | | | | | 4 87 / 4 87 / 9 73 / 24 33 | | | | 43 80 | | | Boat Cheque Boat & Train |
| | | | | | | | | | | | | | | | | | July A.P. |
| | | | | | | | | | | | | | | | | | Bryton |
| | | | | | | 262 50 | | | | | | | | 262 50 | | | |

W.S.G. S.A. — W.S.G. S.A.

| Month | Other Credits (W.S.G.) | S.A. | Total Credits | Acquittance Rolls | Assigned Pay | Other Charges (W.S.G.) | S.A. | Total Debits | Balance Debit | Balance Credit | Particulars or Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | 1/8/19 70 — | | | | | W.S.G. Paid as above. |
| | | | | | | 420 | | | Due | | 2 days P&A over cr. |
| | | 12 — | | | | | | | soldier Dep. | | 12 " S A due 18R8. |
| 183 dys | 420 — | 180 — | 612 — | | | | | 74 20 | 345 80 | 192 — | 1st W. S. G. Paid by #2 D.D. |
| | | | | AR 142 Sept 19 1352933 | | 70 | 72 | ~~144~~ 216 20 | 275 80 | 120 | |
| | | | | A.R 156 Oct 6 1357562 | 1357563 | 70 — | 30 — | 316 20 | 205 80 | 90 — | |
| | | | | A.R 183 Nov 7 1365060 | 1365061 | 65 80 | 30 — | 412 | 140 — | 60 — | |
| | | | | A.R 206 Dec 4 1369737 | 1369738 | 70 — | 30 — | 512 | 70 — | 30 — | |
| | | | | AR 735 Jan 9 1713630 | 1713631 | 70 — | 30 | 612 | | | |
| | 420 — | 192 — | 612 — | | | 420 — | 192 — | 612 | | | |

W.S.G. PAID IN FULL

[signature] CAPTAIN

FOR PAYMASTER WAR SERVICE GRATUITY

200M-3-19.—L. L. 58789-... & D. 9985.
M. F. W. 2:96.
1772-39-1390.

"ORDUNA" 18-8-19 A 2460 DISPERSAL

AUDITOR | PAYMASTER

12

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S.

REGT. No. 27990 RANK A/Sgt NAME (IN FULL) ADAMS, J. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN

RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes Closed by England

DATE EFFECTIVE 21/7/19

TO WHOM PAID Same

RELATIONSHIP

ADDRESS

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| Sel Adjta | | |

ORIGINAL UNIT C.E.F. G.D.

IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION

TRANSFERRED TO ~~Hamma~~ DATE AUTHORITY

DATE OF ATTESTATION 20/9/14

TRANSFERRED TO ~~Bank of Hamilton Owen Sound Ont~~ DATE AUTHORITY

ASSIGNED PAY $ 24

DATE EFFECTIVE 31/7/19 Closed by England

PAYABLE TO Mrs V. Adams

RELATIONSHIP

ANY CHANGE IN ASSIGNEE OR ADDRESS c/o F.G. Fowler Genl Delivery Oshawa Ont } both cheques 15-10-19

ADDRESS ~~481 - 13th St West~~ same ~~Owen Sound Ont~~

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

EFFECTIVE

DISCHARGED PLACE Halifax DATE 12-8-19 REASON Demob AUTHORITY M.D.6 IF ENTITLED TO POST DISCHARGE PAY Yes

| MONTH | No. of Days | Rate | Amount | Other Credits | | Total Credits | Acquittance Rolls | Cash Payments | Assigned Pay | Regimental Charges | Other Charges | | Total Debits | Balance Debit | Balance Credit | Particulars or Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BALANCE FROM PREVIOUS ACCOUNT 31/7/19 | | | | | | | | | | | 19 21 | | 19 21 | 19 21 | | Debits Balce |
| 14/8/19 | 75 | 2 10 | 157 50 | 35 –<br>70 – | | 262 50 | 2445 19<br>7 24<br>15 40 55 18 84 83 | 165 62 / 4 87 / 5 –<br>4 87<br>4 87 / 9 73 / 24 33 | 24 – | | | | 199 49<br>43 80 | | | Cloth Allce 1 st W.S.G.<br>Boat Cheque Boat & Train<br>July A.P.<br>Boyton |
| | | | | | | 262 50 | | | | | | | 262 50 | | | |
| | | | | W.S.G. | S.A. | | | | | | W.S.G. | S.A. | | | | |
| | | | | | | | | | | 17/8/19 | 70 – | | | | | W.S.G. Paid as above |
| | | | | | | | | | | | 420 | | | Due | | 2 days P & A over cr |
| | | | | | 12 – | | | | | | | | | soldier | Dep. | 12 " S A due H.R.S. |
| 183 days | | | | 420 | 180 | 612 | | | | | | | 74 20 | 345 80 | 192 – | 1st W.S.G. Paid by #2 D.D. |
| | | | | | | | AR 142 Sept 19 1352933 | | | | 70 | 72 | ~~144~~ 216 20 | 275 80 | 120 | |
| | | | | | | | A.R. 156 Oct 6 1357562 | | 1357563 | | 70 – | 30 – | 316 20 | 204 80 | 90 – | |
| | | | | | | | A.R. 183 Nov 7 1365060 | | 1365061 | | 65 80 | 30 | 412 | 140 | 60 | |
| | | | | | | | A.R. 206 Dec 4 1369737 | | 1369738 | | 70 – | 30 | 512 | 70 | 30 | |
| | | | | | | | AR 735 Jan 9 1713630 | | 1713631 | | 70 – | 30 | 612 | | | |
| | | | | 420 – | 192 – | 612 – | | | | | 420 – | 192 – | 612 | | | |

W.S.G. PAID IN FULL
[signature]
CAPTAIN
FOR PAYMASTER WAR SERVICE GRATUITY

200M-3-19.—L. L. 58788-... & D. 9985.
M. F. W. 2:96.
1772-39-1390.

MARRIED OR SINGLE: Single

PLACE OF BIRTH: London. Eng

NAME AND ADDRESS OF NEXT OF KIN: ~~Jane Adams~~ Mrs V. Adams. 126 Queens Road Bayswater W.

RELATIONSHIP OF NEXT OF KIN: ~~Sister~~

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ ~~20~~ 25.00 Effective (Date) 1/6/17

PAYABLE TO Wife

RELATIONSHIP OF DEPENDANT

C.P.M.R. 461 1/12/17

Allotment Cancelled

## CASUALTIES, PROMOTIONS, &c.

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| Prom a/Cpl | 1/6/16 | Rec 2136 |
| Prom a/Sgt | 5/10/16 | Rec'd 2785 |
| Prom Sgt | 1/6/17 | Rec 225 |

## ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 27990 RANK ~~Pte~~ a/Sgt ~~a/Cpl~~ NAME Adams John

IF IN PERMT. CORPS WHAT UNIT

UNIT 15th Batt'n

TRANSFERRED TO H.Q.A.G. DATE 19/5/16 AUTHORITY Lo 13/5/16

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION

TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Sept 20/1914

1st Co. R.D.

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ ~~20~~ 24.00 DATE EFFECTIVE 1/11/17 1/6/17

PAYABLE TO Mrs H adams ~~H Connaught Ave~~ ~~East Sheen S.W.~~ RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

126 Queens Rd. Bayswater W.

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Book

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

| DATE 1916 | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 57 | 50 | | | 9 | 40 | | | | | | 44 81 | 67 971 | | | | | | | | | 57 | 58 | | | | 101 97 | 67 | 7 | 58 | 2 | 16 | | | |
| April/30 | 30 | 1.50 | 45 | 00 | 30 | 20 | 6 | 00 | 30 | " | 30 | 00 | | | 81 00 | | | | | | | | | 38 | 93 | 43 | 80 | | | | 82 | 73 | | 93 | |
| May/31 | 31 | " | 46 | 50 | 31 | " | 6 | 20 | 31 | " | 31 | 00 | | | 83 70 | | | | | | | | | 38 | 93 | 43 | 80 | | | | 82 | 73 | 1 | 40 | |
| June/30 | 30 | " | 45 | 00 | 30 | " | 6 | 00 | 30 | " | 30 | 00 | | | 81 00 | | | | | | | | | 34 | 07 | | | | | | | | | | |
| July/31 | 31 | " | 46 | 50 | 31 | " | 6 | 20 | 31 | " | 31 | 00 | | | 83 70 | 766 | | | | 1057 | | | | 4 | 93 | 41 | 36 | | | | 80 | 36 | 2 | 04 | |
| | | | | | | | | | | | | | | | | | | | | | | | | 58 | 40 | | | 24 | 33 | | 82 | 73 | 3 | 01 | |
| Aug/31 | " | " | 46 | 50 | " | " | 6 | 20 | " | " | 31 | | | | 83 70 | | 15/8 | 1374 | 31/8 | 1473 | | | | | | 38 | 93 | 34 | 07 | | | | 73 | | 13 | 71 | 24 00 |
| Sept/30 | 30 | " | 45 | | 30 | " | 6 | | 30 | | 30 | | | | 81 | 1581 | 15/9 | 1819 | 30/9 | | | | | 4 | 93 | 34 | 07 | 34 | 07 | | 73 | 07 | 2 | 64 | |
| | | | | | | | | | | | | | | | 11 73 61 | | | | | | | | | | | | | | | | 82 | 71 | | | |
| Oct/31 | 31 | " | 46 | 50 | 31 | " | 6 | 20 | 31 | " | 31 | | | | 83 70 | | 15/10 | 1484 | 31/10 | | | | | | | 38 | 93 | 38 | 93 | | | | 77 | 81 | 27 | 48 | |
| Nov/30 | 30 | " | 45 | | 30 | " | 6 | | 30 | | 30 | | | | 81 | | 15/11 | 2408 | 30/11 | | | | | | | 43 | 80 | 38 | 93 | | | | 82 | 73 | 25 | 75 | |
| Dec/31 | 31 | " | ~~46~~ 114 | 50 | 31 | " | 6 | 20 | 31 | | 31 | | | | 83 70 | | | 2869 | 31/12 | | | | | | | 82 | 73 | | | | | | 82 | 73 | 26 | 72 | |
| | | | | | | | 114 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan/31 | 31 | 1.20 | 52 | 70 | | | | | 31 | | 31 | | | | 83 70 | 3022 | Canc | 3125 | 15/1 | 3392 | 31/1 | | | 24 | 33 | 43 | 80 | 13 | 60 | | 82 | 73 | 27 | 69 | |
| Feb/28 | 28 | " | 47 | 60 | | | | | 28 | " | 28 | | | | 75 60 | 3501 | | 3623 | 15/2 | 3882 | 28/2 | | | 14 | 60 | 29 | 20 | 34 | 07 | | 77 | 87 | 25 | 42 | |
| Mch/31 | 31 | " | 57 | 70 | | | | | 31 | " | 31 | | | | 83 70 | | | 4137 | 15/3 | 4397 | 31/3 | | | | | 38 | 94 | 43 | 80 | | 82 | 74 | 21 | 38 | 24 |
| | | | 1255 | 40 | | | | | | | 365 | | | 44 81 | 1652 1 | | | | | | | | | 794 | 70 | 479 | 36 | 212 | 80 | 101 97 | 1634 | 83 | | | |

Sgt Alk Pay 1-35 1.60 } 3.10
2a. 50 .50
Sub 1-00 1.00
285 27990

Sgt Adams John

A.P. 8nt 20 England

| 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 | | | 125 | 40 | | | | | | | 365 | | | 44 81 | 166 21 | | | | | | | | 794 70 | 479 36 | 262 80 | | | 101 97 | 1638 03 | 26 38 | | 24 | | |
| Mch 1-30 | 30 | 1·70 | 51 | | | | | | 30 | 1 | 30 | | | | 81 | | | 1x8 | 15/4 | 355 | 30/4 | | | | 38 93 | 36 50 | | | 7 | 82 43 | 24 95 | | | | #7. 7 Days F.P. 30 13.5 15th Sep (x) 1914. not previously charged |
| May 31 | 31 | " | 52 70 | | | | | | 31 | " | 31 | | | | 83 70 | | | 7 | 15 | 43 | 31 | | | | 38 93 | 43 80 | | | | 82 73 | 25 92 | | | | |
| June 30 | 30 | " | 51 | | 100 | | | | 30 | " | 30 | | | | 181 | | | 104 | 14/6 | 111 | 30/6 | 305 | 1 | | 38 93 | 43 80 | | 20 100 | 20 100 | 202 73 | 119 | | | | 1st Class 1/6/17 to 1st Sep Jan to May 1917 |
| July 31 | 31 | " | 52 70 | | 20 | | | | 31 | " | 31 | | | 176 Bac | 82 70 | | | 118 | 15/7 | | | 970 | 137 | 413 7 | 413 7 | | | 20 20 | | 133 74 | | 28 85 | | | |
| Aug 31 | 31 | " | 52 70 | | 20 | | | | 31 | " | 31 | | | | 123 70 | | | 216 | 15/8 | 251 | 30/8 | 737 | 6 | | 21 33 | 21 33 | | 20 20 | | 88 66 | 19 | | | | |
| Sept 30 | 185 | | 55 50 | | 20 | | | | 30 | " | 30 | | | 30 50 22 95 | 158 95 | | | 286 | 15/9 | 319 | 15/9 | | | | 21 33 | 18 67 | | 20 20 | | 113 | 46 14 | | 21 | | #88 46 #30 Sep after 1/Apth Rates 1/6-30/9/17 122 days at 35%. #22 95 after Rates 1/4-31/12/17 153 days at 15%. |
| | | | | | | | | | | | | | | | #377 16 | | | | | | | | | | | | | | 7331 42 | | | | | |
| Oct | | | | | 26/20 | | | | | | | | | | | | | | | | | | | | | | | 26/20 | | | | | | #26 to Sep 26/5-31/10/17 at 25 Allotted 20 A94777 A94780 |

| MONTH | PARTICULARS | CR.1 | CR.2 | PARTICULARS | DR.1 | DR.2 | DR.3 | DR.4 | BALANCE |
|---|---|---|---|---|---|---|---|---|---|
| Oct | Balce Fwd | 9610 | | | | | | | 116 14 |
| Oct | Sgt Alk Pay 31 days | 88 35 | | A94780 Leave 20 poss Sep 26/5-31/10 | | | 20 | 26/20 | |
| Do | Mech Pay 31 day | 96 10 | | A94777 Sep 26/5-31/10 | | | | 26 | |
| | | | | A123633 £10-1/4 | | | 20/ | 25/ | |
| | | 96 10 | | | | | 20 | 122 24 | 48 |
| | | | | | | | 4/8 | 98 20 | 74 |
| Nov | R.A. | 93 | | A123633 £10-1/4 | | | 24 | 216 24 | 25 |
| Dec | R.A. | 9610 | | alk 35 Rec 13/10/17 | 38 93 | | | 167 24 | |
| | | | | 387 Rec 29/10 | 38 93 | | | 263 24 | |
| | | | | 9/1420 Rec 12/18 | 36 50 | | | 119 78 | |
| | | | | A200891 £10-1/4 | | | 24/ | | 25 |
| | | | | 456 Rec 4/12 | 29 20 | | 46 | | 50 |
| Jan 1918 | | 189 10 | | A201535 | 143 56 | | 48 | 119 78 | 50 |
| Jan | R.A. | 9610 | | alk £10-1/4 | | | 24 | 215 88 | 25 |
| | | | | Rec 486 7/12/17 | 31 07 | | | 191 88 | |
| | | 96 10 | | 516 Rec 21/12 | 60 83 | | 24 | 96 98 | 25 |
| Feby | R.A. | 8680 | | D8313 £10-1/4 | | | 24 | | 25 |
| | | | | 519 Rec 11/1/18 | 36 50 | | | | |
| | | 86 80 | | 591 Rec 25/1/18 | 36 50 | | 24 | 86 78 | 25 |

Balce Fwd

| MONTH | PARTICULARS | CR.1 | CR.2 | PARTICULARS | DR.1 | DR.2 | DR.3 | DR.4 | BALANCE |
|---|---|---|---|---|---|---|---|---|---|
| Oct | Balce Fwd | 9610 | | D/1201 £10-1/4 | | | 24 | | 86 78 |
| | | | | R637 9/3/18 | | 29 30 | | | 25 |
| | | | | R675 27/3/18 | | 21 63 | | | |
| | | | | 414 8.3.18 | | 36 50 | | | |
| | | | | 2454 21-3-18 | | 36 50 | | 2505 | |
| | | | | | | 133 83 | 24 | | 25 |

## LIST OF DISCHARGE DOCUMENTS.

| | |
|---|---|
| Attestation Paper, Triplicate | Militia Form W. 23 |
| or Particulars of Recruit | Militia Form W. 133 |
| Field Conduct Sheet | Militia Form W. 178 or A.F.B. 122 |
| Casualty Form | Militia Form W. 54 or A.F.B. 103 |
| Last Pay Certificate | Militia Form W. 44 |
| Certificate that missing documents are unobtainable | |
| Medical History Sheet | Militia Form B. 313 or A.F.B. 178 |
| Proceedings of Medical Board | M.F.B. 227, A.F.B. 179 or A.F.A. 45 |
| Dental History Sheet | Militia Form B. 465 |
| Medical Report | M. F. W. 129 or D. M. S. 1375 |
| Regimental Conduct Sheet | Militia Form B. 263 |
| Company Conduct Sheet | Militia Form B. 263a |

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 61).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group 6
Checked by No. 4
O.S.H.
Date 28/7/19

---

No. of DEPENDENTS Two

CANADIAN ... BOXTON, DERBYSHIRE MAY 30 1919 FILE

DISPERSAL AREA V. 2

24-4 22/10/34

SHORT FORM.

**PROCEEDINGS ON DISCHARGE.**

**(Demobilization.)**

RELIGION Cof E.

NEXT OF KIN Wife

1. No. 27990. War Service Badge Class "A" No. 155100
2. Rank. S. Cgt.
3. Name. ADAMS John
4. Unit. Genl Dept. 15th Bn
5. Date of Discharge HALIFAX DEPOT AUG 12 1919 CLEARING SERVICES COMMAND Place
6. Reason for Discharge CATEGORY B II

TRADE Clerk OCCUPATIONAL GROUP 3

SERVICE IN FRANCE 5 Months 1914-15 Star

7. Authority.
8. Proposed Residence after Discharge 229 Tenth St. E. 15/10/20

~~481 13th St. West~~

Owen Sound Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

J Adams
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place HALIFAX DEPOT AUG 12 1919 CLEARING SERVICES COMMAND

Date

Signature [signature] Lt. Col
O. C. HALIFAX DEPOT
CLEARING SERVICES COMMAND
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

BD 29665

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

Rec

Bln Adj Pay + 2½

| ASSIGNED PAY. | * ENGLAND OR ~~CANADA~~. | SEPARATION ALLOWANCE. | * ENGLAND ~~CANADA~~ |
|---|---|---|---|
| EFFECTIVE DATE:- | ~~1-11-14~~ ~~1-5-18~~ 1-9-18 | EFFECTIVE DATE:- | 1-6-14 |
| AMOUNT:- | 24 00 | AMOUNT:- | 25 00 30 |

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 M Adams
~~126 Queens Rd Bayswater W~~
~~5 Coronation Villas~~
~~Shepperton Green, Middlesex~~
21, Fairholm Rd
West Kensington
L.P.C. endorsed 27-5-19 & 11-6-19 D. Balance $19.21
Dunlop Rubber Co
Cert N°9752 London 28-5-19 London

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 |
|---|---|---|---|---|---|---|---|
| 26-5- | | London 27 | 24 07 | | | | |

NAME:- ADAMS John

NUMBER:- 24990

PARTICULARS OF RANK OR APPOINTMENT

| AUTHORITY | DATE EFFECTIVE | RANK OR APPOINTMENT |
|---|---|---|
| Rem S/Sgt Rec 225 | 1-6-14 | S/Sgt |

UNIT AND TRANSFERS

ORIGINAL UNIT:- 15th Bn

DATE ACCOUNT FIRST OPENED:-

| AUTHORITY | DATE EFFECTIVE | DATE LEDGER SHEET T'SF'D | UNIT TRANSFERRED TO |
|---|---|---|---|
| | | | Records |
| Rec D 126 | 31/5/19 29 5 19 | | a/c Cr. C.D.D. Brighton |

DAILY RATES OF PAY AND ALLOWANCES

| AUTHORITY | | PAY | F.A. | P.F.A. | SUBS'CE ALL'CE |
|---|---|---|---|---|---|
| | | 1 60 | 50 | | 1 00 |
| Rec D 126 | 29/5/19 | 1 60 | 50 | | |

PARTICULARS OF RENDERING NON-EFFECTIVE:-

| MONTH 1918 | PARTICULARS | CR. 1 | CR. 2. | PARTICULARS | DR. 1 | DR 2. | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| March 31 | Bal Fwd | | | | | | | | 25 05 | 24 00 | |
| apl | P & a | 93 | | A59401 £10-1-4 | | | 24 00 | | | | 25 00 |
| | | | | R.1514 12-4-18 | 34 06 | | | | | | |
| | | | | R 3719 - 26-4-18. | 34 07 | | | | 25 91 | | |
| | | 93 | | | 68 14 | | 24 | | | | 25 |
| May | Paid a. | 96 10 | | A 71801 - £10-1-4 | | | 24 00 | | | | 25 00 |
| | | | | A.R. 6253 - 13-5-18 | 34 07 | | | | | | |
| | | | | A R. 8013 - 27-5-18 | 38 93 | | | | 25 01 | | |
| | | 96 10 | | | 73 00 | | | | | | 25 |
| June | P & a | 93 | | B49201 - £10-1-4 | | | 24 | | | | 25 |
| | | | | A.R. 10243 - 12-6-18 | 34 07 | | | | | | |
| | | | | " " 13583 - 26-6-18 | 34 07 | | | | | | |
| | | | | " " 13623 - 28-6-18 | 14 60 | | | | 11 27 | | |
| | | 93 | | | 82 74 | | 24 | | | | 25 |
| July | P & a. | 96 10 | | B-68337 - £10-1-4 | | | 24 | | | | 25 |
| | | | | A.R. 16322 - 12-7-18 | 34 07 | | | | | | |
| | | | | " " 19102 - 26-7-18. | 34 07 | | | | 15 23 24 | | |
| | | 96 10 | | | 68 14 | | 24 | | | | 25 |
| Aug | P & a | 96 10 | | C2841 - £10-1-4 | | | 24 | | | | 25 |
| | | | | A.R. 23191 - 13-8-18. | 34 07 | | | | | | |
| | | | | " " 27559 - 27-8-18 | 34 07 | | | | 19 19 | | |
| | | 96 10 | | | 68 14 | | 24 | | | | 25 |
| Sept | P & A. | 93 | | D12401 £10-1-4. | | | 24 | | | | 25 |
| | | | | Q4005/910. 15-8-18. Boot repairs | 2 43 | | | | | | |
| | | | | A.R. 33661 13-9-18. | 34 07 | | | | | | |
| | | | | A.R 38977. 27-9-18 | 29 20 | | | | 22 19 24 | | |
| | | 93 | | | 65 70 | | 24 | | | | 25 |
| | | 567 30 | | | | | 144 | | 49 | | |

3-60 3-60

NUMBER 27990 RANK S/Sgt NAME ADAMS John A.P-Eng. 24 ~~28~~ 30

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1 | DR. 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Bgt. Forw. | | | | | | | | 252 49 24 | | |
| Oct. | P. 17 | 96 10 | | C82713 £-10-1-24 | | | 24 | | 94 59 | | 25 |
| | | | | AR. 46940 11-10-18 | 34 07 | | | | 60 52 | | |
| | | | | " 55900 28-10-18 | 34 07 | | | | 26 45 | | Bal agreed |
| | | 96 10 | | | 68 14 | | 24 | | | | 25 |
| Nov | Pay. | 93 - | | AR 6K-72167 £ 13-~~2-8~~ 11-9-16 | | | 24 | | 95 46 | | 40 |
| | | | | £32801. £11.1.11 Dec | | | 24 | | 71 45 24 | | 30 |
| Dec | Pd | 96 10 | | AR 65272 13.11.18 | 34 07 | | | | 133 48 | | |
| | | | | AR 74251 29.11.18 | 34 07 | | | | 99 41 | | |
| | | | | AR 88594 18.12.18 | 73 | | | | 26 41 | | |
| 1919 Jan | Pd 23 60 | 111 60 | | CK F-46601 £11.1.11-Jan | | | 24 | | 114 01 | | 30 |
| | | 300 70 | | | 141 14 | | 72 | | | | 100 |
| Feb | Pd 23 60 | 100 80 | | AR 2075 8.1.19 | 38 93 | | | | | | |
| | | | | AR 15840 23.1.19 | 4867 | | | | 214 81 | | |
| | | | | Eng F77201 £11.1.11 22.2.19 | | | 24 | | 102 21 | | 30 |
| | | | | AR 34237 11.2.19 | 38 93 | | | | 64 28 | | |
| | | | | AR 42575 28.2.19 | 38 93 | | | | 25 35 | | |
| Mar | Pd all @ 3 60 | 111 60 | | Eng G2/4489 £11-1-11 | | | 24 | | 136 95 24 - | | 30 - |
| | | | | AR 49951 14.3.19 | 58 40 | | | | 112. 95 54 55 | | |
| | | | | " 55942. 27 3 19 | 53 53 | | | | 1. 02 | | |
| | | | | DM AR 8862/61894. 6.3.19 | 1 95 | | | | .99 | | |
| | | 212 40 | | | 279 34 | | 48 | | | | 60 - |
| Apl. | Pd all. @ 3.60 | 108 - | | Eng Bka 23601 £11.1.11 | | | 24 - | | 83 07 24 | | 30 |
| | | | | AR 61958. 14.4.19 | 43 80 | | | | | | |
| | | | | " 65516 28.4.19 | 38 93 | | | | 34 | | |
| May | Pd @ 3 60 | 111 60 | | Eng A69802 £11.1.11 | | | 24 - | | 87 94 | | 30 - |
| | | | | B.P. 66667. 2.5.19 | 19 47 | | | | 68 47 | | |
| | | | | A.R. 69811. 14.5.19 | 29 20 | | | | 39 27 | | |
| | | | | O/C Subs 29/7/19 31/7/19 2@ 1/- | | 4 50 | | | 34 77 | | |
| | | | | June A69980 £11.1.11 | | | 24 | | 10 77 | | 30 |
| | Int on Def Pay | 4 09 | | LP 71349. 26.5.19 | 34 07 | | | | 14 86 | | |
| | | | | | | | | | 19 ~~79~~ 21 | Dft | |
| | | 223 69 | | | 165 49 | 4 50 | 72 - | | 17 21 | | 90 - |
| July | | | | B104864 £11/11 July. | | | 24 | | 43 21 | | 30 |
| | | | | AR15540 "6/19 Enamels C.B.B | 4 87 | | | | 48 08 | | |
| | | J | | J | 4 87 | | 24 | | | | 30 |
| Aug | | | | AR5548 3/4/19 Enamels C.B.B.Buc | 9 73 | | | | 57 81 | | |
| | | | | " 8483 5/7/19 " " " | 24 33 | | | | 82 14 | | |
| | | | | ~~" 5578 3/7/19 " SLA " 9 73~~ | | | | | | | |
| | | | | | 3406 | | | | | | |
| | | | | AR724 24/7/19 Enamels C.B.B. | 4 87 | | | | 87 01 | | |
| | | | | | 4 87 | | | | | | |

S.O.S TO CANADA
S.LIST N°.D28 31.7.19

Bal to Aug 19 22 ~~26/8/19~~ Subs to Aug 19 Due Canada

Endorsed Pd.