REGIMENTAL DOCUMENTS

NAME ADAMS JOHN THOMAS REGT. NO. 454396 UNIT 29th Bn H. Q. FILE NO. 1699

H

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Deceased 13-4-54

5

2589

(42nd) Regt. C. E. F. Smiths Falls, Ont.

454396

"L" 60

ATTESTATION PAPER

No.

Original 59th B'n, C.E.F. Duplicate

Folio.

Original

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1.	What is your name?	Thomas Adams
2.	In what Town, Township, or Parish, and in what Country were you born?	Rochdale, Eng.
3.	What is the name of your next-of-kin?	Chas. Adams (father) Lancs
4.	What is the address of your next-of-kin?	56 Nerefree St. Rochdale, Eng.
5.	What is the date of your birth?	April 3rd. 1881
6.	What is your trade or calling?	Plumber
7.	Are you married?	No
8.	Are you willing to be vaccinated or re-vaccinated? Inoculated.	Yes
9.	Do you now belong to the Active Militia?	No
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	No
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

Enlisted June 12th/15.

Thomas Adams (Signature of Man.)

(Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas 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.

Thomas Adams (Signature of Recruit.)

Date June 24th 1915 (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas 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.

Thomas Adams (Signature of Recruit.)

Date June 24th 1915 (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 Smiths Falls this 26th day of June 1915

J A Lewis (Signature of Justice.)

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

[illegible] Capt (Approving Officer.)

M. F. W. 23.
200 M.—8-15.
W.O. [illegible]

DESCRIPTION OF Thomas Adams ON ENLISTMENT.

Apparent Age 24 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 ins.

Chest measurement { Girth when fully expanded 35 ins. / Range of expansion 1 ins.

Complexion Fair

Eyes Hazel

Hair Fair

Religious Denominations { Church of England xx / Presbyterian / Methodist / 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.)

2 vaccination marks on right arm.

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 June 24th 1915

Place Smiths Falls, Ont.

E Bennett
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT

Thomas 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.

H. H. Dawson -Lt-Col. (Signature of Officer.)

Date July 3 1915

Lt. Col.
O. C. 59th Bn. C. E. F.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Class "A" Badge No. 1744172 issued

THIS IS TO CERTIFY that No. 454396 (Rank) L/Cpl

Name (in full) John Thomas Adams enlisted in

the 59th Battalion

CANADIAN EXPEDITIONARY FORCE at Smith Falls on the 24th

day of June 1915

HE served in 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 28 yrs 1 mo

Height 5 ft 5 ins.

Complexion Fair

Eyes Hazel

Hair Fair

J T Adams

Signature of Soldier

Marks or Scars 2 vaccinations
mark left arm

Cecil McRobbs

Issuing Officer

Major

Rank

Date of Discharge

May 18. 1919

Date May 18 1919

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.

14370

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 Edward Thomas. 2. Surname Adams.
3. Rank A/Pte. 4. Original Unit 59th Bn. 5. Reg. No. 454396
6. Address, in full, to which future payments of gratuity are to be forwarded Royal Bank of Canada. Cranbrook. B.C.
7. Date of enlistment in the C.E.F. 15th June 1915.
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Emily Adams.
9. Relationship of such dependent Wife.
10. Address, in full, of such dependent 268, Bury Road. Rochdale. Lancs. England.
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No.
12. ~~Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of~~ Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:— N/A.
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? N/A
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service N/A
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 3 years and nine months
Canada - 59th Battalion
Overseas - 26th Battalion
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. /30P. 250,000(8). 2/19. S.O.,F.Rd.

RWW

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? N/A

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

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled 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? Not applicable

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

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 N/A

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 N/A.

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

(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.

Signature of Applicant: J J Adams

Place of Residence: Vancouver BC

Declared before me at: Wiley Camp Surrey

This 25th day of March 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.

P D Gormley
Major

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

A/54396 "C" 60

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Adams. *Christian Name* J.

Examined { on 25 day of June 191
at Smiths Falls, Ont

Birthplace { City or Town Rochdale
County Eng.

Apparent age 34

Trade or occupation Plumber

Height 5 Feet 3 Inches.

Weight 158 Lbs.

Chest measurement { Minimum 34 inches.
Maximum expansion 35 inches.

Physical development good

Small-Pox Marks [illegible]

Vaccination Marks { Arm Right. Left.
Number 2

When Vaccinated last 1910

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

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

Approved by E.C. Smith

Rank Capt. M.O.

Date	Fit or Unfit	Examined for Re-engagement,
1915		M.O.
3/7	Fit	K. C. Nicholls M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
28/6/15	Good	E.C. Smith M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
9/15/15	Good	Jas A Stewart M.O.
9/25/15	Good	Jas A Stewart M.O.
		M.O.

Enlisted on 12 *day of* June 1915 *at* Toronto

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	54th Battn	454396		3/7/15
Transferred to..	20th Battn.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

50M—9-14.
H. Q. 1772-39-439.

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.

MEDICAL HISTORY SHEET.

DUPLICATE. ORIGINAL COPY

454396 Duplicate

Surname Glass *Christian Name* J

Examined { on 25 day of June 1915
at Smiths Falls

Birthplace { City or Town Rockdale
County Ont

Apparent age 34

Trade or occupation Plumber

Height 5 Feet 3 Inches.

Weight 158 Lbs.

Chest measurement { Minimum 34 inches.
Maximum expansion 35 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left.
Number 2 /

When Vaccinated last 1910

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

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

Approved by E. L. Lamont

Rank Capt M.O

Date	Fit or Unfit	Examined for Re-engagement,
		30 APR 1917 M.O
3/7/15	fit	D. E. Hollis M.O.
		M.O
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
28/6/15	Good	E. LaLamont M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
9/6/15	Good	J. A. Stevenson M.O.
9/6/15	Good	J. A. Stevenson M.O.
		M.O.

Enlisted on 12 *day of* June 191 5 *at* Toronto

	Corps	Regt'l Number.	Habits.	Date.
Joined on enlistment	54th Battn	454396		3/7/15
Transferred to..	20th Batt'n.			15-2-18.
	12th Res. Bn			

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
West Sandling Wilkey	15.11.17 25/3/19	Def. Vision	Qrs 5th W. Gen. Jas R. Hemmond Invalided

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

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439

Christian Name

Surname

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
THE MILITARY HOSPITAL, ENDELL STREET, W.C.		17	4	17	2	5	17	G.S.W. L. thigh	22	Wounded 12/4/17. Healed. Still stiff.	[illegible]
Canadian Convalescent Hospital, Taplow House, Taplow.		2	5	17	10	6	17	Do	9	Two scabs on left thigh. Lt. eye weak.	
THE DUCHESS OF CONNAUGHT CANADIAN HOSPITAL TAPLOW BUCKS		10	5	17	19/18	5	17	Hypermetropia	9/10	To Taplow for exam. left eye. O.D. 6/8 + 3D.C. = + 1D.C. x 180° = 6/6 O.S. 6/60 + 3D.C. = + 3D.C. x 165° = 6/24 O.U. Eye goods normal Transferred to Uxbridge	[illegible]
Canadian Convalescent Hospital, Uxbridge House, Uxbridge.		19	5	17				Do		To Westcliffe for E.G.	[illegible]
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.		18	6	17						V.O.D. 6/6. V.O.S. 6/12. Glasses not ordered. Discharged.	[illegible]
REGISTRAR SEP 1918 CANADIAN SPECIAL HOSPITAL WITLEY		30	8	18	30	9	18	Gonorrhoea / Gonorrhoea.	3	Injections Mid. apparently cured	[illegible]
										Stoppages as for date	[illegible]

Forms
I. 1237
11

Army Form I. 1237.

WEST CLIFF GENERAL
EAR HOSPITAL, FOLKESTONE.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
4775	454396	Pte.	Adams	John Thomas.
Year 1917	Unit. 20th Bn. 59th Bn.		Age. 35	Service. 2 yrs 10 m / 12 / 12
Station and Date. 18/6/17				

Disease Astigmatism.

Dental here for glasses

F.O.D. = 6/9++

V.S. = 6/12

No glasses ordered—

A. 1

M.A.S. recd.

H.P. Rep June 21/17

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(23205) Wt. W 4234—M 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.

Forms
I. 1237
11

6.E.

Army Form I. 1237.

MEDICAL CASE SHEET.* H 12

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	45H 3716	Pte	Adams.	G.T.

Year	Unit.	Age.	Service.
	20th Bn	A.	35	23/10.

Station and Date.	Disease G.S.W. L Thigh
19.5.17	Date of injury 13/4/17
	Two small scars lower part left thigh - entrance exit bullet - No disability - Sent from Wakefield & Laplow for eye exam. 10/5/17
	Report. 14/5/17 - O.D. 6/8+, O.S. 6/60 - Media & fundus normal both eyes.
21/5/17	Full. P.D.
28/5/17	do Progress good.
4/5/17	Report from Laplow Brown eyes.
	{ O.D. 6/8+, O.S. 6/6 Media & fundus, Normal both eyes Sgd. W.G.G. Coulter Capt.
6/6/17	Full. P.D. Awaiting glasses
11/6/17	do. To Westcliffe - Convalescent

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(3205) Wt.W 4234—M 627. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	
	Plumbeck.

Forms
I. 1237.
11

DUCH. OF. GON. RED X. P
TAPLOW

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	45-4396	Pte	Adams.	J T

Year	Unit.	Age.	Service.
	20th Co	35	2 3/10

Station and Date.	Disease
	G.S.W. Thigh Rt
	13-9-4-17 Vimy Ridge
2-5-17	P.C.
	2 teaches on left thigh.
	L.T. rest. Lt Eye weak. S.
7-5-17	Tapl. Exam. left Eye S
10-5-17	Transferred to Taplow for examination and
	further treatment of left eye.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(23205) Wt. W 4234—M 627. 1,000,000. 8/16. C.F.& S. Forms/I. 1237/11.

P.T.O.

Station and Date.	

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

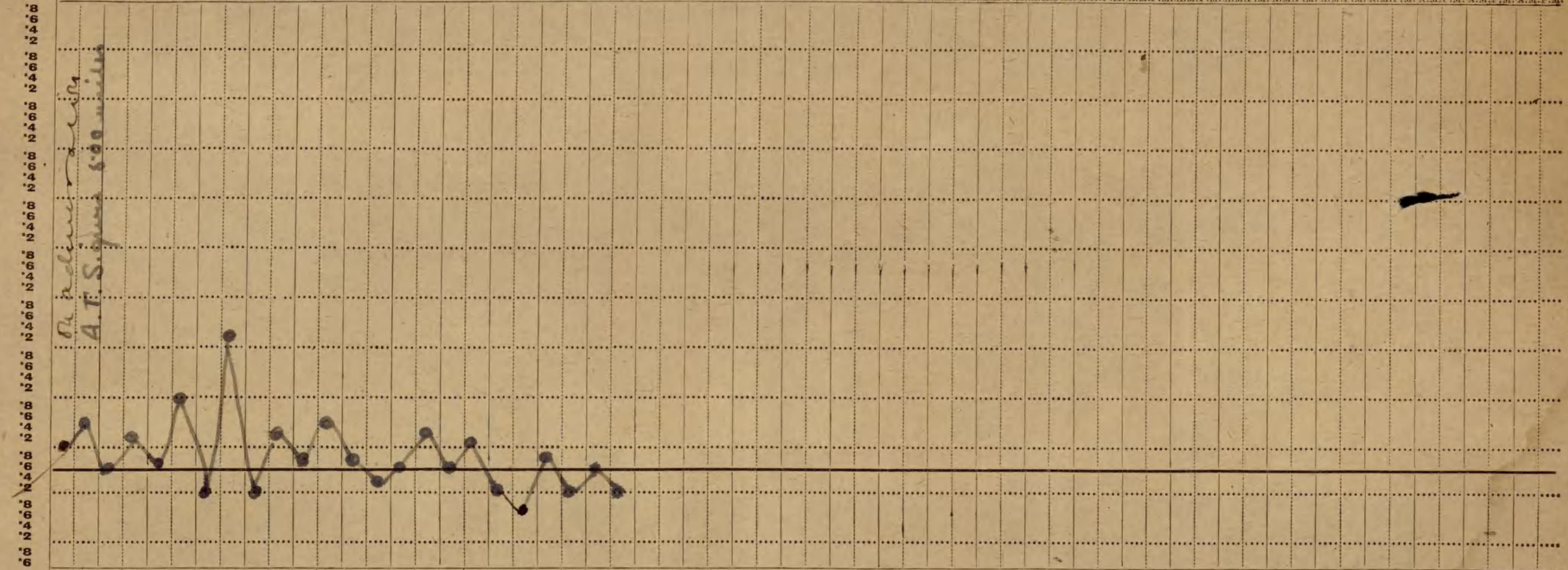
Corps 20th Bte. 2nd Canada.

Military Hospital Endell Street

No. 454396 Rank and Name Pte. J. J. Adams Age 35. Service 22 months

Disease _____ Date of admission April 18th 17 Date of discharge 19/5/14 Result Conv. to Uxbridge

Dates of Observation	18	19	20	21	22	23	24	25	26	27	28	29	30
Days of Disease													
Temperature Fahrenheit	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.
Pulse per minute													
Respirations per Minute													
Motions per 24 Hours	1/1	1/1	1/1	0/1	1/1	0/1	0/1	1/1	1/1				



(29342) W6465—M789. 1,000,000. 9-16. D.P.W. A.F.B. 181/4. (373)

Signature _____ In charge of case.

Forms
I. 1237
12.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T160 F 61	45439	Pte	Adams	T. L.

Year	Unit.	Age.	Service.
1917.	20th Bn 2nd Bde. Canada	35.	2 2 years

Station and Date.	Disease IX. 1. Gsw. L. Thigh. Rt.
P. Ward.	Wounded 12.4.17
Endell St.	In Hospl. Boulogne
April 17th	Admitted 17.4.17.
	Two + two wds. outer side L. lower thigh healed. no nerve injury. movement + power normal -
	25.4.17. Wound healed. Rt leave.
	Boulogne.
	2.5.17. Rec. F. Canadian.
2.5.17.	Transferred to Hastings C.H.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239) P.T.O.

Station and Date.	

Forms
I. 1237
11

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	454396	Pte.	Adams.	John. T.
Year 1917	Unit. 20th Canadians		Age. 25	Service. 23 Mos.

Station and Date.

Taplow

Disease Hypermetropia

Wounded at

on day of

days at No. F.A.

days at No. C.C.S.

days at No. Gen. Hosp.

Inoculation A.T.S. C.C.

HISTORY Says vision failing in left eye for past 3 mos - some pain & black spots in eye
No history of injury or illness

Present Condition.

OD 6/8-3 Pupils equal & active to light
O.A. 6/6.
Myd. ~~O.D.~~ + 3D sph = + 1.5 cyl x 180° = 6/6
OA + 3D sph = + 2.5 cyl x 165° = 6/24
Eye grounds normal both eyes
Glasses ordered

OD + 2D sph = + 1.25 cyl x 180°
OA + 2D sph = + 2.25 cyl x 165°

14/4/17 Discharged to Upbridge Can. Conv. Hosp.

W G Goulter
capt.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(23205) Wt. W 4234—M 627. 1,000,000, 8/16. C.F.& S. Forms/I. 1237/11. F.T.O.

Station and Date.	

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 (Bleck Letters) ADAMS. THOMAS

REGIMENT 12th Can Res Batty RANK L/Cpl No. 454396

Date of Examination in England _____ | 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

Gee

For A. D. S. M.

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

Signature of Dental Officer A. P. Haynes Capt

TO BE MADE IN TRIPLICATE

3. D. 26-5-14
H. Q. 54-21-23-53

Particulars of Family of an Officer or Man Enlisted in C. E. F.

INSTRUCTIONS:—

(a) This form is only regarded for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding Unit for each man, to Officer Commanding Division or District at least seven days before man leaves his station to proceed Overseas.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F., London, immediately after arrival in England.

(1) Name of Overseas Unit which soldier joins 59th Battalion, (C.E.F.)

(2) Regimental Number 454396

(3) Full Name of Soldier Adams John Thomas

(4) Place of Birth Rochdale England

(5) Are you married, or not? No

(6) If married, state:

(a) Full name of your wife Nil

(b) Present Postal Address Nil

(7) Are you a Widower? No

(8) Have you any Children? Nil

If so, give number of Boys and Girls Nil

Also their Names and Ages

(9) Is your Father alive? Yes

If so, state Name and Address in detail Charles Adams 5 Whitfield St, Rochdale England

(10) Is your Mother alive? Yes

If so, state Name and Address in detail Mrs Charles Adams Rochdale England

(11) If your Mother is a Widow No

Are you her sole support, or not? No

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

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

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your Unit for Separation Allowance? If not, this must be done No

(15) Are you insured? No

If so, in what Company?

Have you made arrangements for payment of your Insurance Premium? Nil

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

Mr No 67

ORDERLY ROOM
FEB 26 1916
59th BATTALION C.E.F.

H J Dawson Lt. C
O. C. 59th Bn. C. E.

Form P. 85.

1918—60M—29-11-16.

Adams

FORM OF WILL.

Name in full.

I John Thomas Adams

Regimental Number 454396 serving in 12th Reserve Battn Canadian

of the Canadian Expeditionary Force do hereby revoke all former Wills made by me and declare this to be my last Will.

Name & Address of person or persons to whom it is to go.

I DEVISE and BEQUEATH all my real estate unto

Y.M.C.A. Vancouver, B.C.

absolutely, and my personal estate I bequeath to Mrs Emily Adams

Name & Address of persons or person to receive personal estate (see Note 1.)

268 Bury Road Rochdale
Lancashire
England

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this 25th (twenty fifth) day of November A.D. 1918.

John Thomas Adams

(*Signature*)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness H Morris.

Address of Witness 12th Cdn Res Bn Witley

Occupation of Witness Soldier.

Name of Witness G. O. Black

Address of Witness 12th Can. Res. Bn.

Occupation of Witness Soldier

Pte. machine gun Roll 87.

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

ESTATES REGISTRY
MAILING
DEPARTMENT
— IN —
NOV 28 1918
133, OXFORD ST.
LONDON, W. 1
O.M.F. OF CANADA.

EYE. EAR. NOSE. AND THROAT CLINIC

Witley Camp Surrey

Date.....21-3.....1919

Reg.No.....45-4396.....Rank.....L/Cpl.....Name.....Adams J.....

Unit.....12th Res.....

WITHOUT GLASSES.

WITH GLASSES.
(as per prescription below)

			SPH.	CYL.	AXIS.
Visual acuity.Rt	6/18	with	+ 2.00		6/12
Visual acuity.Lt.	6/60	with	+ 4.00		improved

Category recommended is;) B1

Glasses not ordered.

REMARKS.

Defective vision due to Hypermetropia, Rt. Lft: Amblyopia convergent Squint.

CONDITION WAS.....PRESENT PREVIOUS TO ENLISTMENT AND HAS.....not.....

BEEN CAUSED BY SERVICE.

HAS.....not.....BEEN AGGRAVATED BY SERVICE.

W. A. Macdonald

Captain C.A.M.C.
Eye and Ear Specialist.Witley Camp
Surrey

LTR.

R—122

Rank Name ADAMS, Thomas ✓ Reg'l No. 454396 ✓

Unit 59th, Bn. ✓ If in perm. Corps, What Unit? Married or ~~Single~~ ~~Single~~. ✓

Place and Date of Enlistment Smith Falls, Ont,. Canada. 24th ~~26th~~, June, 1915. ✓ Place of Birth Rochdale, ~~X~~ Eng. ✓

Name and Address, Next-of-Kin ~~Chas~~ Emily Adams,
268 BURY Rd Rochdale.
56 ~~Norefree ST~~., R~~ochdale~~, ~~X~~ Lancs., Eng. ✓ Relationship ~~Father~~ Wife. ✓

Assigned Pay Monthly $ Pt "281 d 26-11-18 12 Res Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No 25198
File R.L.
Category CAN. OR

Discharge, Date and Place Reason Character Lt Cpl

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.
6		Arrived in England		11 APR. 1916	
6.6.16	59th Bn	S.O.S. drafted to 20th Bn O/S	Shorncliffe	6.6.16	Pt II DO #125 HQC Reinf 346 HQCT 13 25 73.5 4.6.16
24-6-16	20th Bn	Taken on Strength	In the Field	8/6/16	Pt II O 24
20-6-16	20th Bn	Adm No 9 Stat Hosp	Havre	11-6-16	C L A 247.
15-8-16	"	Div to No 12 Camp	Harfleur	5-8-16	" 293. VDG.
17-8-16	"	No 3 Gen Base Depot	Boulogne	6-8-16	" 295
11.10.16	2nd Div. Engrs.	Attch'd. 2nd div. Engrs. duty	Field	22.11.16	Pt II O. 57
7-2-17	"	Ceases to be attch 2 Div Engrs	"	18-1-17	" 8.
28-2-17	20th	Attch 2nd Div Engrs.	"	22-11-16	" 17.
"	"	Ceases to be attch 2nd Div Engs.	"	18-1-17	" 17.

Adams Thomas #454596

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.
28.4.17	20 Bn	Mil Hospt Endell St	London	18.4.17	C L B 328 GSWL Thigh
1-5-17	1 CORD	T.O.S.	W Sandlig	18.4.17	Pt II 53 Pt II 34 20 Bn d 4.5.17
8.5.17	20 Bn	Can Con Hospt	Uxbridge	4.5.17	Ch B 335
16.5.17	20 Bn	D of C Can Hospt	Taplow	11.5.17	Ch B 341
24.5.17	20 Bn	Can Con Hospt	Uxbridge	20/5/17	Ch B 347
		Westcliffe Can E & E Hospt	Folkstone	19.6.17	Ch B 370
23.6.17	5 Res	T.O.S. from 1 CORD	W Sandlig	21.6.17	-168 (108 d 25.6.17 1 CORD)
28.6.17	5 Res	Disch Westcliff Hospt	Folk	21.6.17	Ch B 374
20-7-17	5 Res.	Granted Perm. Sk. Mary	W. Sandling		Pt II DO. 195 & Pt II O 210 16 C.G. HOSP Pt II O
26.10.17	—	On Command Ont. Mil Hosp. Orpington for duty	Pt.	✓	25.10.17 — 293 26 a/ 26-10-17 16 C.G. HOSP
10-11-17	"	Ceases att Ont Mil Hosp	"		8-11-17 Pt II DO. 308 267 a/ 18-11-17
19-12-17	"	Awarded 1 Good Con Badge	"		19-12-17 Pt II O 347
15-2-18	12 Res	T.O.S. from 5 Res	Pt	"	15-2-18 Pt II O 40 { 5 Res Pt II O 46 a/ 15-2-18
7-3-19	✓	App. a/ L Cpl. With pay	L Cpl.	Witley	7-3-19 W.O. 56
1-4-19	12 Res	S.O.S. to 1 CORD	—	Ripon	1-4-19 — 77
12-4-19	MD 11	T.O.S. from 12 Res.	✓	Rhyl	4-4-19 — 88
12/4/19	Nalen C.C.C.	T.O.S.	"	Witley	1/4/19 — 2. 57-S.-~~6~~60
12.4.19	Niving	T.O.S. to M D 11	"	Rhyl	3.4.19 — 2 2-5-19.
5.5.19	MD 11	S.O.S. to Canada	S/C.	✓	3.5.19 DO. — ~~108~~ 108

Form P. 812B.
79691 6m 22/8/19 D.671

C.A.

FILE NO 4239.

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to Adams. Mrs. Emily.

Address 268 Bury Road. Rochdale. Lancs.

Dependent Adams. J. T. # 454396

Address L/Cpl.

Date	Cheque No.	Gratuity	Paymen	Balance Due	Remarks
1919.					
Augt.		44 15 11 ✓			S.A.
15	68223		20 2 9 ✓	24 13 2	
Sept 15	69592		6 3 3 ✓	18 9 11 ✓	3rd
Oct 14	123517		6 3 3 ✓	12 6 8 ✓	
Nov 5	130014		6 3 3 ✓	6 3 5	
Dec 4	152510		6 3 5 ✓	-0-	
		44 15 11	44 15 11		

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103—I.
Part I.

(1) *Substantative rank Lcpl
*Acting rank
*[To be entered in pencil to facilitate alteration.]
(4) Surname Adams
(5) Christian Names John Thomas
(6) Army Form, number of, Attestation Form or Record of Service paper
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]
(8) Date of birth as stated on enlistment
(9) (*a*)

(2) Regiment or Corps	(3) Regtl. No.
	454396

(10) Enlistment (*b*)
(11) Engagement (*c*)
(12) Service reckons from (*date*)
(13) Special conditions (if any) of enlistment (*d*)
(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.
Trade or Calling
Married or Single
Particulars of Trade Test

Occupation Cards despatched on (*date*)
Second Occupation Card despatched on (*date*)

(17) Next of Kin
(18) Demobilizer (*f*) (Place)
(19) Pivotal-man (*f*) (Date)
(20) Qualifications (*g*) *or* (21) Corps, trade and rate

(Signature of Posting Officer

(22) Extended
(23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G.W.P.Co (3490)

Adams, John Thomas Lfcpl 454396

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

Attached C.C.C. Kinmel Park for
[illegible] to Canada. Part II Orders
No. _____, Ceases to be attached
C.C.C. Kinmel Park on em[illegible]
[illegible] for Canada, Part II [illegible]
No. 103 G S Moore Capt
Commanding MD 1 Wing
Kinmel Park Camp

EMBARKED S.S. "CASSANDRA"
MAY 2 1919
DISEMBARKED

J. J. Fallon Capt & Adjt
for. O.C. 23. P.C.S.

T. O. S. No11DD 2 May 19,
S. O. S C. E, F May18-19 TArea
No11 DD do 140May-20-19

H. G. Andrews Capt.
For O.C. District Depot XI

Nothing to be written in this margin.

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

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

CERTIFIED CORRECT
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

Unit, Regiment or Corps 59th B'n. C.E.F.

Regimental No. 454396. Rank Private Name Adams Thomas.

Enlisted (a) 24.6.15 Terms of Service (a) C.E.F. D. of W. Service reckons from (a) 24.6.15

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) Plumber.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada	Halifax	5.4.16	[signature] Adjutant 59th Bn. C.E.F.
		Debarked England	Liverpool	11.4.16	
6.6.16	59th Bn	Drafted to 20th Battalion 2nd Can. Division.	FRANCE	6.6.16	
8/6/16	C.B.Dep	Arrived & taken on strength	20th Bn	8/6/16	Nom Roll Pt 2 O'rs 24d14/6/16
9/6/16	9 Staty	N.Y.D. adm	9 Staty	9/6/16	W3034.
13/6/16	C.B.Dep	Classified A Struck off strength on trsfd	do	11/6/16	Nom Roll DCS 171.
5/8/16	39 Genl	Forefits Fld Allowance & is placed under stoppages at rate of 50 cents per diem whilst in hosp from 10/6/16 to 5/8/16 (57 days).		5/8/16	File 936. Pt 2 O'rs 32d14/8/16.
5/8/16	39 Genl	V.D.G. dischgd to 12 Camp.		5/8/16	W3034.
6/8/16	C.B.Dep.	Adm from 39 Genl 'A' adm	C.B.Dep.	6/8/16.	NR DCS 205.
11/8/16	do	Left for 2nd Can Entrenching Bn	In Fld	12/8/16	NR DCS 206.
14/8/16	2nd E.Bn.	Arrived with do	do	14/8/16	NR DCS 209
17/9/16	do	Left for	20th Bn	17/9/16	N.R.
22/9/16	20th Bn	Joined unit	In Fld	17/9/16	B213.
24/11/16	do	Att 2nd Divl Engrs.	do	22/11/16	B212 (Auth. Offr. Ipr Records. RL.1-20-49. File K1)
27/1/17	CRE 2nd Can Div.	Rejoined unit	20 Bn.	18/1/17	B213. R2.A2.19217 111/3760. Pt 2 O'rs No 17 & 28-2-17
17-4-17	2 AustGen	GSW Thigh L. Inv(Wdd) & posted to 1st Centl Ont. Regl Depot, Shorncliffe per Prin Eliz		17-4-17	W3083(7655) Pt 2 34D/4-5-17.

(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.

[signature] Capt. for Lt. Col., A.A.G.
Canadian Section, G.H.Q. 3rd Echelon, B.E.F.

W. S. B. Class A.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
1.5-17	1 CORD	Taken on strength	W Sandling	18/4/17	Pt II 53 Hff
					Lieut I C Proatman Capt for Colonel i/c Records, COMF.
25/6/17.	1st CORD.	S off S. on being Posted to 5th Res. Bn.	W Sandling	21/6/17	1st CORD of 108
23/6/17.	O.C. 5th Res.	Taken on Strength from 1st CORD.	W Sandling	21/6/17	Bn of 168
26-10-17	O.C.5th	On Command to Ontario Military Hospital Orpington	W.Sandling	25-10-17	Bn.Ord 293
10-11-17	O.C.5th	cease to be on Command	W.Sandling	8-11-17	Bn.Ord 308
19-12-17	O.C.5th	Granted permission to wear One good Conduct Stripe	W.Sandling	18-12-17	Bn.Ord 347
15-2-18.	5th Res:Bn:S.O.S. to 12th Res:Bn:		W. Sandling	15-2-18.	Bn O.46.
					...CAPT. ADJUTANT 5th RESERVE Bn. (CENT. ONT.) C.E.F.
15-2-18.	12th RES:BN;T.O.S. from 5th Res:Bn:		W.Sandling	15-2-18.	Bn: Or.40.
7.3.19	12 Res.	Appt'd A/L. Corp with Pay.	Witley.	7/3/19	56
1-4-19	12th Res. Bn.	Transferred to M.D. 11. Kinmel Park	Willy	1-4-19	pt. II 77

H W Sainsbury

Ident. i/c Records
12th Res. Bn.

w/

. 454396 - Pte. Adams, J.T. - 20th Battal n

47453

Pte J T Adams
454396
20th Batt
Canadian
Military Will

In the event of my death I leave all my property and effects to my Father Mr Charles Adams

56 Merefield Rd—
Rochdale
Lancs

Signed Pte J T Adams
17th Sept 1916

Will 97.

Taplow

Report from Eye, Ear, Nose and Throat Department. 14/5/17

Pte J. T. Adams - 454396
20th Canadians

Eye Exam

O.D. 6/8+

O.S. 6/60

With O.D. + 2D^s = +1D^c x 180° = 6/6

O.S. + 2D^s = +2D^c x 165° = 6/24

Media + fundus normal both eyes

W G G Coalter
Capt.

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Adams	T.	454396

Rank	Unit	Co.	Troop	Batty.
pte	20 Battn	12 R / 1 Co R.		

Hospital

Date of Admission

Transferred 9 Stat Havre Hosp. 11.6.16
(39 Gen Havre.) Hosp.
Endell. St. Mil. Hosp. 18.4.17.
Uxbridge Convl Hosp. 4.5.17.
— Over

Diagnosis V. D. G.

(1) Later Diagnosis (if changed) G. S. W. Lt. Thigh. R. and astigmatism. Jt
(2)
(3) V. D. G.

Additional Diagnosis: if more than one state present R.

DISPOSITION 3 Gen. Base Depot 3-8-16 Date

REMARKS Dis 21.6.17
Dis. 30.9.18

C.L. 20.6.16 # a247(2)
15.8.16 A293.
C.L. 17-8-16 A 295.
" 28.4.17 B 328
— 8.5.17 B335
16.5.17 B341
24-5-17 B347
C.L. 22-6-17 B370
28.6.17 B374
4-9-18. C 310/1
1.10.18 C 333

A.M.D. 2 DEPT.
Bch. of D.G.M.B. O.M.F.C. London.

D Jr

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	D. of C. Taplow.	11-5-17
	Can. Convl. Hillington Uxbridge	20-6-17
2.	Westcliffe Folkstone.	19-6-17
	Can Spec. Witley	31-8-18.
3.		
4.		
5.		
6.		
7.		

9-1-16

5-8-16 2.0

30-8-18

30-9-18

17-4-17 depen

10-5-17

10-5-17 defective

21-6-17 Vision

No. 454386 96 RANK Pte NAME Adams Thos

T. O. S. ~~Transfd from~~ 42nd Regt 3-7-15. UNIT 59th Battalion

Do 323-5-7-15.

M. D. J

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
July 2'15	July 31	✓		
Aug		✓		
Sept		✓		
Oct		✓		
Nov		✓		
Dec		✓		
Jan. 1916		✓		
Feb		✓		
Mar		✓		
April		✓		

UNIT SAILED
APR 21 1916

R. 149.

Name Adams Thomas *Rank* Pte. *Reg. No.* 454396

Unit 20th.Battalion

Next of Kin Mr. C. Adams
56. Nerefree St. Rochdale. Lancashire.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11-6-16.	No.9 Stat.Hosp.	Havre.	Not Stated	A247		
5-8-16.	Discharged to No.12.Camp.	Harfleur	V.D.G	A293		
6-8-16.	No.3 Gen.base depot.		do.	A295		
18-4-17	M.H.Endell St.W.C.2		GSW L.Thigh.	M4498	27-4	M3071 28-4
4-5	CCH., Hill.House.Uxbridge.		do.	B328		
11-5	D.C.C.R.X.Hsp.	Taplow.	do.	B335		
20-5	CCH. Hill.House,	Uxbridge.	do.	B341		
19-6	Westcliffe Can.E&E Hsp.	F'stone.	do & Astigmatism	B347		
21-6	Discharged.		do	B370		
				B374		

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

H. Q. FILE No. 649-

NAME Adams. Thomas

REGT'L. NO. 454396

RANK AND CORPS Pte 20th Bn (Toronto 59th Bn)

CABLE		NATURE OF CASUALTY
NO.	DATE	
M 3071	29-4-17	Adm. Mil. Hosp. Endell St. London Apl. 18th 1917 (G.S.W. Left thigh)

L. L. Job 86907- -M. & D. 16065.

M. F. W. 42—50m.-10-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 247 (2)	#9 Stat. Havre	11-6-16	not stated
A 393	Disch. to #12 Camp Harfleur	5-8-16	V. D. G.
A 295	#3 Gen. Base Depot	6-8-16	V. D. G.
B 328	Mil. Endell St London W.C.	18-4-17	G.S.W. L. Thigh.
B 335.	to Can. Conv. Hillingdon House Uxbridge	4-5-17	" " " "
B 341	Duch. of Con. Rd × Hro, Saplow	11-5-17	G.S.W. L. Thigh
B 347.	to Can. Conv. Hillingdon House Uxbridge	20-5-17	" " " " "
B 374.	Disch. Ex. West Cliffe Can. Eye & Ear, Folkestone	21-6-17	19-6-17 G. S. W. L. thigh & astigmatism
B 370.	West Cliffe Can. Eye & Ear - Folkestone Ex. Can. Convt - Hillingdon House Uxbridge	19-6-17	G.S.W. L. thigh & astigmatism

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C 310	Can spec: Witley	31-8-18	V. D. G.
C 333.	Disc	30-9-18	" " "

REGT'L. NO. 454396

NAME Adams, J.

H. Q. FILE NO. 649

RANK AND CORPS Pte. (120)

FOLLOWS NO.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

SURNAME. Adams

CHRISTIAN NAMES Thomas

REGL. No. 454396 RANK Pte.

UNIT 59th. Batt.

FORMER CORPS Nil.

CARD No. 528 X

FOLL.

SU S Dis 18-5-19 Amot.

D 1480 of 20-5-19. 11D

NEXT OF KIN.

NAME Adams, Mrs E.

RELAT wife

ADDR 268 Bury Road, Rochdale, Lancs. England.

54-21-38-1 18-12-18

CHANGE OF ADDRESS

COUNTRY OF BIRTH England, Rochdale DATE Apr. 3rd. 1881

PLACE OF ATTESTATION Smith's Falls. DATE June 24th., 1915.

Sailed 1/4/16 S. S. Olympic Halifax.

RK. 13-5-19 316/16 LK.

L. L. 90589.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Plumber RELIGION Church of England

DESCRIPTION.

APPARENT AGE 24 YEARS 2. MONTHS

HEIGHT 5 FEET 3 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 1 INCHES

COMPLEXION Fair EYES Hazel HAIR Fair.

DISTINGUISHING MARKS 2 vaccination marks right arm.

MEDICAL EXAMINATION. PLACE Smith's Falls. DATE June 24th., 1915

Form R. 149.

Name ADAMS, Thomas Rank Pte Reg. No. 454396

Unit 12th Res Bn

Next of Kin Chas. Adams 56 Inverness St Rochdale Lancs.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
31.8.18	Can. Spec. Kitley		V.D.G.	C 3/4		25466
30.9	Discharged		do	633		8319

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

Army Form B. 122

No. 454396 Name Adams. Thomas Sqn., Batty., or Company } Corps 5th Res. Battn Date of enlistment } 24/6/15 G.C. Badges } nil Service or Proficiency Pay } Good

Date of last entry in Company Conduct Sheet } Nil. No. and date of last drunk } Nil Period not reckoning towards freedom from extra fine } Sheet No. One Signature O.C. Company, etc. } [signature] Character Temporary

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

ADJUTANT, DIR. RESERVE Bn. (CENT. ONT.) C.E.F.

[P.T.O.

W. 16575/M. 237. 2,000m. J. P. & Co., Ltd. (C 1309). Forms/B122/4.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

No. 454396 Name Adams Thomas ~~Sqn., Batty., or Company~~ C. Corps 59th Battalion EEF Date of enlistment 12th June 1915 G.C. Badges Service or Proficiency Pay

Date of last entry in Company Conduct Sheet Nil No. and date of last drunk Nil Period not reckoning towards freedom from extra fine Sheet No. One. Signature O.C. Company, etc. D J Williams Major Character Very good

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
			17.4.17	Struck off Strength "Wounded in action" & posted to 1st Central Ont Regt. Dep. Shorncliffe		A.E.R. Turner		Major O.C. "A" Coy 20th Bn	

Army Form B. 122

[P.T.O.

W. 16575/M. 237. 2,000M. J. P. & Co., Ltd. (C 1309). Forms/B122/4.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

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

Group A
Checked by No. 12
Date 10-4-19

DISPERSAL STATION T

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

Service Badge
Class "A" No. 174472

EMBARKED S.S. "CASSANDRA"
MAY 2 1919
DISEMBARKED

1. No. 454396
2. Rank. Lcpl
3. Name. John Thomas Adams
4. Unit. 12 Res. 59 Batt
5. Date of Discharge 18/5/19 Place Vancouver
6. Reason for Discharge Demob.
B1 Wife Vancouver.
2 C of E
plumber.
7. Authority. NoII DD do 140May-20-19
8. Proposed Residence after Discharge M. M. C. A.
Vancouver
12th Res 24/6/15

Deceased 13-7-54

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.? 39

J T Adams
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Dispersal Station "T" MAY 18 1919 Military District No. 11

Signature Cecil M Roberts
(O. C. Discharging Unit.)
Major

M.F.B. 218a—300M.-11-18—1772-39-113.

MEDICAL DOCUMENTS FORWARDED
S.G.R. OR D.P.C.
ON
23-5-19 [illegible]

OPINION OF THE MEDICAL BOARD

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

yes

19. Is the invalid fit for

(a) General service,	(Category A)	(Yes or No.)
(b) Service abroad, not general service,	(" B)	(Yes or No.) B1
(c) Home service (Canada only),	(" C)	(Yes or No.)
(d) Temporarily unfit.	(" D)	(Yes or No.)
(e) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

20. It is certified that the invalid

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

(b) Does not require treatment. Yes

(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.)

Boarded for return to Canada Auth. A.G.'s 9083 dd 1/4/18

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.

Chas. L. Capt. *President.*

PLACE Witley Surrey

Jas. L. Hammond Members

DATE 25/3/19

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.....

DATE..... Members

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

A.D.M.S. 26 MAR 1919 File CANADIAN TROOPS, WITLEY

Bare

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 Witley DATE March 25th 1919

1. 1 (a) Unit 12th Can Res Batt (b) Regimental No. 454396 (c) Rank a/L/C

(d) Surname ADAMS (e) Christian name THOMAS

(f) Home address Vancouver. B.C.

(g) Next of Kin Mrs Emily Adams (h) Relationship Wife

(i) Address of Next of Kin 268 Bury Rd. Rochdale, Lancs England

2. Age last birthday 37 Date of birth 3rd April 1881

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date 15th June 1915

4. Personal description:

(a) Height 5'3" (b) Weight 138. (stripped) (c) Complexion Fair

(d) Colour of hair Fair (e) Colour of eyes Hazel (f) Identification marks, Scars, etc. 2 wounds R & L Thigh

5. Former trade or occupation Plumber

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
	3	283

From own statement

	Periods From	To
Canada	15th June 1915	5th April 1916
England	11th April 1916	11th June 1916
France or other theatres of War	13th June 1916	15th April 1917

7. Original disease, or injury Hyperopia, Rt. Conberg. Strabismus, Lt

(a) Date of origin Childhood (b) Place of origin Eng.

(c) Cause Unknown

M. F. B. 227.
400M.—11-18.
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.)

(Defective Vision)

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.)

Special Report (21-3-19)

		Sph	axis
Vis R-	6/18	+2.00	6/12
" L	6/60	+4.00	

"Defective vision due to Hyperopia Rt; Left Amblyopia Convergent Strabismus. Condition present before enlist; and not aggravated by Service. B. Capt. W. McDonald

Subjective - weak eyes & headaches

(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

Urine 1020, acid, no alb, no sug

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

Was in France 10 mos. with 20 Bn. States he had eye trouble since childhood. Never Boarded.

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).)

G.S.W. Lt Thigh (17-4-17)
VDG (30-8-18)

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

2 small "bullet scars" on outer aspect mid. left thigh

11.—(a) Did the disabling condition have its origin before enlistment? Yes

(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.)

no

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

The regimental documents will be referred to.

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

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

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

Mil. Hosp. Endell St. Uxbridge Hosp. (17-4-17) to (10-5-17) GSW Lt Thigh
Taplow & West Cliffe Hosp (10-5-17) to (8-6-17) "Hypermetropia

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

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

17. Recommendations

Ebershof Capt amc
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 Thos Adams have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

J.R.H.

G S Adams Lcpl Rank.
Signature of invalid examined.

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.)

Defective Vision.

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.)

Sp. Report (21-3-19):-

Vis. R--6/18 Spl---plus 2.00 Axis 6/12

L. 6/60 " 4.00 --

Defective Vision due to Hyperopia rt, left, amblyopia, convergent strabismus. Condition present before enlistment, and not aggravated by service.

B.I. Wm McDonald Capt CAMC

SUBJ:) Weak eyes and headaches.

(*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....Genito-Urinary System....no....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses....no....Respiratory System....no....Integumentary System....no....

Disturbances of Mentality....no....Digestive System....no....Muscular System....n....

Osseous and Joint Systems....no....Any other general condition....no....

Urine:- 1020 Acid Alb. and Sug. Nil.

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

Was in France 10 Mos. with 20th Battn. States he had eye trouble since childhood. Never boarded.

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*).)

G.S.W. Left Thigh (17-4-17). V.D.C.(10-8-18)

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

Two small "bullet scars" on outer aspect of left thigh.

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes

(*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.)

No

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

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

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

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

Mil Hos Endell St; Uxbridge Hos.; Taplow and Westcliffe Hosp 17-4-17 17-4-17 to 10-5-17 G.S.W. Lt Thigh.

Taplow and Westclif e Hosp 10-5-17 to 8-6-18---"Hypermetropia"

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?....
(If the answer is "yes" state nature of treatment required and probable duration)

No

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

17. Recommendations

E. Warshof Capt 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....Thos Adams....have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

J.L.H.

Thos Adams L/Cpl 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.

Yes

19. Is the invalid fit for

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

20. It is certified that the invalid

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

(*b*) Does not require treatment. Yes
(*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.)

Boarded for return to Canada Auth A.G. I-9083 II-II-I9

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

E. Wenshof Capt C.A.M.C. *President.*

PLACE Witley Camp Surrey

DATE 25-3-I9 Jas. L. Hammond Capt C.A.M.C. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President

PLACE

DATE } Members

APPROVED BY

Assistant Director of Medical Services.

DATE

APPROVED BY

Director-General of Medical Services.

DATE

CERTIFIED TRUE COPY
For A.D.M.S. CANADIAN TROOPS, WITLEY
26 MAR 1918
CANADIAN TROOPS, WITLEY.

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 Witley DATE Mch 25-I9I9

1. 1 (*a*) Unit I2th. Res. Battn (*b*) Regimental No. 454396 (*c*) Rank A/L/Cpl.

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

(*f*) Home address Vancouver B.C.

(*g*) Next of Kin Mrs Emily Adams (*h*) Relationship Wife.

(*i*) Address of Next of Kin 268 Bury Road, Rochdale, Lancs Eng.

2. Age last birthday 37 Date of birth Apr 3-I88I

3. Enlistment, or Appointment (if an Officer) (*a*) Place Toronto (*b*) Date June I5-I5

4. Personal description:

(*a*) Height 5---3 (*b*) Weight I3I8 (stripped) (*c*) Complexion Fair

(*d*) Colour of hair Fair (*e*) Colour of eyes Hazel (*f*) Identification marks, Scars, etc. Two wounds left thigh.

5. Former trade or occupation Plumber.

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
	3	282

	Periods	
	From	To
Canada	June I5-I5	Apr 5-I6
England	Apr II-I6	Jun II-I6
France or other theatres of War	June I2-I6	Apr I5-I7

7. Original disease, or injury Hyperopia Right; converging strabismus, left.

(*a*) Date of origin Childhood. (*b*) Place of origin Eng.

(*c*) Cause Unknown

M. F. B. 227.
400M.—11-18.
J772-39-117.

Cassandra. 12/5/19

AUDITOR GW | PAYMASTER K

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

M. OR S. | REGT. No. 454396 | RANK L/Cpl | NAME (IN FULL) ADAMS. J. T. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes | DATE EFFECTIVE 1/5/19

TO WHOM PAID Mrs Emily Adams | RELATIONSHIP Wife

ADDRESS 268. Bury Road, Rochdale Lanes, England

PARTICULARS	EFFECTIVE DATE	AUTHORITY
English L-P Cad to	31/3/19	

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE 1.5.19 close

PAYABLE TO | RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS: Bank of Montreal 4/11. Royal Bk of Canada. Can. B. of C. Imperial Bk of Canada Gwinde Prairie Alta

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED N. D. X1 | PLACE | DATE 18/5/19 | REASON 12/8/19 | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																				
31/3/19		12							346	32	Rpt		Rpt		Rpt																		346	32		
											15/4/19		29/4/19				9	73	9	73	4	87	29	33							44	33			301	87	
22/5/19	52	13	59	80	35	00			94	80	to		ck				5	60	36	67											42	27	40	00			35/- Clothing
					18	00			18	00																			4	60			56	60			Pocket Money 13/- 4.60 on ch. 4 days Carriage
					20	00			20	00																							36	00	Cwd		20/- A.F. Mar. cost paid.
	183 days	4/20	180	600							June 16		807996		6540	98													36	60			36	60	345	40	218	-	MFW 2609
											July	18	822835		30	-																	100	-	210	-	90	-	Form received 11.6.19.
											Aug	18	1145818		40	-																	100	Chq.	140	-	60	-	
											Sep	18	1156134		70	-																	100	Chq.	70	-	30	-	
											Oct	18	1177611		70	-																	100	Chq.	-		-		
				600	Chq.																													600	Chq.					
	Redeposit.		70		70																															70		C. Bal.		Cheque 1145818. 18/8/19. 70- redeposited 17/12/19. 140
											Dec		1595	61	70																		70	Chq.					
				670	Chq.																													670	Chq.					

Certified that all payments have been made on this account for which covering authority has been received to date.

Lieut., Paymaster, Demobilization Pay M.D. No. 11

Certified that all payments of War Service Gratuity have been made on this account according to the Record of Service shown on the M.F.W. [illegible]

Lieut. Officer i/c War Service Gratuity M.D. No. 11

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

MARRIED OR SINGLE M

PLACE OF BIRTH Rochdale Eng.

NAME AND ADDRESS OF NEXT OF KIN Chas. Adams
56 Hereford St. Rochdale, N. Lanc. Eng.

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ 25 00 EFFECTIVE (DATE) 28/6/17.

PAYABLE TO Mrs Emily Adams,
146 A ~~Road~~ Bury Road, Rochdale, Lancs.

RELATIONSHIP OF DEPENDANT Wife.

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Granted permission to wear a good conduct stripe	19.1.17	D.O. 347. 19/12/17 5 Res. Bn

ADMISSIONS TO HOSPITAL, &c.

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

1600

REG'L. No. 454396 RANK Pte. NAME Adams. J. Chas

IF IN PERMT. CORPS, WHAT UNIT UNIT 59 Bn.

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Smiths Falls

DATE OF ATTESTATION 24.6.15.

ASSIGNED PAY MONTHLY $ ~~Nil~~ $20 xx DATE EFFECTIVE 1/8/17. a z m rendered 26/7/17.

PAYABLE TO Mrs. E. Adams, 146(a) Bury Rd, Rochdale, Lancs. RELATIONSHIP Wife.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

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)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

TRANSFERRED TO	DATE	AUTHORITY
60th Bn	6/6/16	B/O 125/61
1st 60th R.D.	21/6/17	Gaz. L.B. 328 28/4/17
Wakefield Pte	21/8/17	Authority
1st 60th R.D.	1/11/17.	Authority

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
														4 10	4 10																4 10				Lanc. Fus.
1-30 4/116	30	1.00	30		30	10	3								33	26	13/7/16							9 73							9 73	27 37		15 -	
1-31 5-16	31	1.00	31		31	10	3	10							34 10	69	30/4/16	114	15/5/16	159	30/5/16	9 74	7 30	9 73						26 77	34 70		30.	
1-30 6	25	1.00	25		25		2	50							27 50																40 20			
June 30	25	1.00	25	—	25	.10	2	50							27 50																67 70		45 -	
July	31	1 -	31	—	31	.10	3	10							34 10																101 80		60	
Aug	31	1.	31		31	.10	3	10							34 10													34 20	34 20	101 70		75.	Ten. Chgs 1/6/16 7/6/16 (5 days) 8.0 32
Sept	30	1	30	—	30	.10	3	00							33 00									97 11/9	2 62						1/2 22	132 48		90	
																								53 3 16/9	6 98									
																								41 2 98	2 62						2 61	153 97		105.	
Oct	31	1.	31		31	.10	3	10							34 10	1223	26/11/16					2 61												120	
Nov	30	1.	30		30	.10	3								33	1240	11/12/16					2 62									5 23	181 74		165 00	
																1300	27/12/16					2 61												135 -	
Dec	31	1.	31		31	.10	3	10							34 10	1363	22/11			1301	27/12/16	2 62		11 33						13 95	201 89		150	50 39
			27	50			2	50																									67 5	
			302	50										6 60	30 X 50							29 93	7 30	33 28			34 20	10 4 71						

45439 Pte Adams J.

DATE 1917	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
	Ford		30	50										4 10	30									29	93	7	30	33	28	34	20	10	47	1	70	1 89	135	50		
Jan.	31	1	34	10											34	10				1376	21/11/17	2nd Div Eng.			5	23				5	23	2	30	76	150		
Feb	28	1	30	80											30	80	1650	24/1	1711	7/2	150	10/1		261	262	261				7	84	2	53	92	165	72	62
Mch	31	1	34	10											34	00	1771	7/3	1835	17/3				262	523					7	85	2	79	97	180		
Apl	30		33	00											33	00																3	12	97	195		
may	31		34	10											34	10																3	47	07	210		
June	30	20	22	-											22	-																		369	07			Trans 1st C.O.R. Deptford 21/6/17
	21/30		440	00										4 10	404	70								35	16	15	16	11	12	34	20	12	5	63				
V	30	10	11	-											11	-																		380	07	225		
July	31		34	10											34	10																		414	17	240		
Aug	10		11	-											11	-													20		20.			405	17			Trans Uxbridge Pats A/165803 e/f 11/8/17
			54	70											45	80															10	56	3				
11/31	21		23	10											23	10	1536	1/6.						243							243	425	84	240		Trans. from 1 COR. 11/8/17.
Sept.	30		33												33		1869	4/6		784	4/8			2	44		248		20			24	89	433	97.	240		A.21252 H.
			602	80										4 10	606	90								40	03	15	15	43	55	40	—	34	20.	172	93			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER PAY	SER. ALLCE.	ENG.
Oct		433	97						433 97	240.		
	P.P.	34	10	B8913.			20		468 07			
				S.A. 25/6/17 31/10/17 Supply Ag 1757.							82.00	
		34	10				20			240	20	
Nov	P.P.	33	-	B 65404			20					
Dec	P.P.	34	10	A.R. 1002. 17.10.17. 5th Reo.	24	33						
				" 426. 29.10.17. "	7	30						
				BN 59466 A.R. 791 31.8.17 "	24	33						
				Dr. 69027 A.R. 735. 15.8.17 "	24	34						
				Dr 47936 A.R. 609. 26.7.17 "	4	86						
				B 7606.			20				25	
				Dft 92817 5-37. 25/7/17 5th R.R.O.	4	87						
				A.R. 868 13/9/17 5th Reo	24	33						
				Dr 29314 A.R. 11 17/9 Dft/C Hosp Deptford	2	43						
				Dr 48197 A.R. 31 7/9 5 Reo	24	33						
				M.A.R. 103 24/11/17	2	33						
		67	10		165	45	40		309 72	240	25	

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER PAY	SER. ALLCE.	ENG.
1918 Jan				Balance C/fwd.					309 72	3240		
	P Pay	34	10	6.37006. Lg. 4. 11			20			240	25	
				A.R. 1791 19/12/17 5th Reo	17	03						
				Dr A.R. 1014 31/10/17 5th R.R.O.	48	67			258 12			
					65	70	20					
Feby	P Pay	34	10								25	
		30	80	C.9.4608 Lg 4.11			20				25	
				A.R. 1378 17/1/18 5th R.R.O	5	84				240		
				A.R. 1323 26/1/18 "	4	87						
				A.R. 1473 14/2/18 "	4	87			253 34			
					15	58	20					
Mch	P Pay	30	80								35	
		34	10	D 61209 Lg. 4. 11			20					
				A.R. 1852 28/3/18 5th R.R.O	9	73						
				a.R. 691 Dft 22972 21/4/17 Hosp. Witley	48	67						
				A.R. 1943 22/3/18 5th Reo	4	87						
				A.R. 1834 15/3/18 5th Reo	7	30			196 89	240	20	
		34	10		70	57	20				25	
										5610		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ENGLAND ~~or CANADA~~	SEPARATION ALLOWANCE. * ENGLAND ~~or CANADA~~
EFFECTIVE DATE:- 1.8.17	EFFECTIVE DATE:- ~~28.6.17~~ 1/9/18.
AMOUNT:- ~~20~~ 30	AMOUNT:- ~~30~~ $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 E Adams	
146(a) Bury Road. Rochdale	The Same
Lancashire Wife	
Stopped 1/5/19	

NAME:- ADAMS J. Thomas E ✓

NUMBER:- 454396

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte
Do 30 1/3/19 14b	1.3.19	a/Lcpl with 1/2/1

UNIT AND TRANSFERS

ORIGINAL UNIT:- 59 Bn

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	1.11.19		1st CORD

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		
	1 05	10		

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
Admitted C.S.H. Morley.			30/8	30	206	12 Res.	30/8/18
D 3/19.	5196.	12 Res Bn. £1.10.	7 30				
21 3/19	5383	✓ £2.	9 73				

Drafted Canada 4/4/19. 7 RB 5086. 24/3/19. Widow - Widow M.D.N.

PARTICULARS OF RENDERING NON-EFFECTIVE: C Balce. £246.20.

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Mch 31	Balce Ford										
April	1 Pay	33		ch No C. 54007 £9.4.11					196 87	240	~~25~~
				AR 15 13.4.18 12 Res			20			3960	25
				AR 235 26/4/18 12 Res	7 30						
		33			7 30				195 27	240	
					14 60		20				
May	2 Pay	34 10		B10207 £9.4.11			20				25
				AR 489 14/5/18 12 Res	7 30						
				AR 656 23/5/18 12 Res	7 30						
		34 10			14 60		20		194 17	240	~~25~~
Jne	P. Pay	33		B.64205 £9.4.11			20				25
				AR 804 7/5 14 Res	7 30						
				✓ 1033 26/6 ✓	4 87				195 60	240	
		33			12 17		20				~~25~~
July	3 Pay	34 10		B 83406 £9.4.11			20				25
				AR 1197 6/7 12 Res	7 30						
				✓ 1429 26/7 ✓	4 87				197 53	240	
		34 10			12 17		20				
		34 10									
Aug	Pay	34 10		B 632006 £9.4.11			20		231 63		
				AR 1786 14/8 12 Res	4 87				211 63		25
				✓ 1965 27/8 ✓	2 43				206 76		
									204 33		
		34 10			7 30		20			240	~~25~~
Sept	Do	33		68606 £ 9-4-11			20		217 33		25
				AR 2231 16/9 ✓	2 68				214 65	240	
		33			2 68		20				~~25~~
Oct	P Pay	34 10		D 35011 £ 9.4.11			20				25
				AR 2654. 15/10/18. 12th Res.	2 43						
		34 10		Forward	2 43		20		226 32	240	~~25~~

NUMBER 454396 RANK Pte L/Cpl NAME ADAMS. J. T.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									226 32	5640 240 –	
Nov/Dec.	R Pay.	67 10		E 5253 £12-6-7			20				40
				AR 3156. 14/11/18. 12th Res.	2 43						
				E 63206 £10-5-6			20			240	30
1919				AR 3386. 29/11/18. 12th Res.	2 43						
Jany	P. Pay	34 10		AR 3550. 6/12/18. do.	4 87						
				AR 3700. 16/12/18. "	4 87						
				F 44458 £10.5.6			20				30
		101 20			14 60		60		252 92	240	100
Feby	P P	30 80		AR 3984 9/1/19 12 Res	7 30						
Mch	"	34 10		4190 27/1 – "	4 87					240	
	app. A/L/Cpl 7/3/19 diff 25 days cs &	1 25		Z 70755 £10 5 6			20				30
	Int Def Pay	28 50		4464 14/2/19 12 Res	4 87						
		94 65		G 21079 £10 5 6			20				30
				AR 4798 26/2/19 12 Res	7 30						
				G 22608 £10.5.6			20				30
				AR 5196 13/3 12 Res	7 30						
				5383 21/3 "	9 73						
		94 65			41 37		60		246 30		90
				AR 279 10/4/19 Kinmel PK	9 73						
				AR 1618-29/4 – Kinmel PK (Ent. on L.P.C.)	9 73				226 74		
					19 46						

S.O.S. Canada 3/5/19

S.L. 57 – 12 Res – M.D 13.