REGIMENTAL DOCUMENTS

NAME ADAMS ROBERT 6A REGT. NO. 1039161 UNIT GR 7 H. Q. FILE NO. 1810

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2	CD3					
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1	[illegible]					
2	Misc					
	[illegible]					
1	K177					
	Paysheets					

W. 2589
100M-11-18
1772-39 1377

239th BATT. C. E. F.
RAILWAY CONSTRUCTION CORPS

ORIGINAL

ATTESTATION PAPER.

No. 1039161.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Adams
1a. What are your Christian names? ..... Robert
1b. What is your present address? ..... 289 Manitoba ave Wpg
2. In what Town, Township or Parish, and in what Country were you born? ..... Haddington Shire Scotland
3. What is the name of your next-of kin? ..... Martha Adams
4. What is the address of your next-of-kin? ..... 101 Alexandra st Dundee Scotland
4a. What is the relationship of your next-of-kin? ..... Mother
5. What is the date of your birth? ..... April 25th 1873
6. What is your Trade or Calling? ..... Grocer
7. Are you married? ..... no
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... yes
9. Do you now belong to the Active Militia? ..... no
10. Have you ever served in any Military Force? ..... no
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Adams, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Robert Adams (Signature of Recruit)

Date July 20th 1916 J Sullivan (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert 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.

Robert Adams (Signature of Recruit)

Date July 20th 1916. J Sullivan (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 Winnipeg this 20th day of July 1916.

DB Stilwell (Signature of Justice)

M. F. W. 23
750M—8-16
H. Q. 1772-39-341

Description of Robert Adams on Enlistment.

Apparent Age 43 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft 7½ ins.	
Chest measurement. Girth when fully expanded	~~34½~~ ins.	37"
Chest measurement. Range of expansion	~~2~~ ins.	2½"
Complexion	Fair	
Eyes	Blue	
Hair	Brown	

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

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date 20th July 1916. A B Grant Lieut Can A.M.C.

Place Winnipeg. 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.

Robert 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.

J. Leonard (Signature of Officer)

Date September 5th 1916.

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE

CLASS "A" NO. 189041 ISSUED

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1039161 (Rank) Pte.

Name (in full) Adams Robert. enlisted in

the 239th Bn.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 20th

day of August 1916

HE served in France C. R. T.

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness.~~ Demobilization R.O. 1420 (c)

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

Age 46

Height 5. 8.

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars Nil

Robt Adams

Signature of Soldier

Date of Discharge

Dispersal Station "M" MAY 15 1919 Military District No. 10

Issuing Officer

Rank

Date 19. 5. 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. 1772-89-882.

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

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

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

A600

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 Robert. 2. Surname ADAMS.

3. Rank Dapper 4. Original Unit 239th Bn 5. Reg. No. 1039161.

6. Address, in full, to which future payments of gratuity are to be forwarded Banks of Commerce Winnipeg.

7. Date of enlistment in the C.E.F. July 20/16

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge No

9. Relationship of such dependent No

10. Address, in full, of such dependent No

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:—

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

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. 150,000(8). 2/19. 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?

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?

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge 19-5-19 (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

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.

Signature of Applicant: X Robt Adams

Place of Residence:

Declared before me at: Shilty Ash Lpool

This 29th day of March 1919

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. Edwd Ashton Swan

C.E.F. Dalkeith

POST DISCHARGE PAY

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			350 00	280 00
			70 00	

Certified Correct.

District Paymaster.

FORM OF WILL.

108681

I, Sapper Robert Adams (Name in full)

Regimental Number 1039161 serving in 239th Battn

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

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

Mrs George Adams 101 Alexander St Dundee Scotland	Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this First day of Dec A. D. 191

Spt Robert Adams Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Herbet mcDonald

Address of Witness Westriverside Pictou Co

Occupation of Witness Soldier

Signature of Second Witness E. C. Silson

Address of Witness Windsor

Occupation of Witness Soldier

M. F. W. 82
300M-5-16.
1772-39-983.

Executed.
1916 Bm

ORIGINAL

239th BATT. C. E. F.
RAILWAY CONSTRUCTION CORPS.

ORIGINAL

MEDICAL HISTORY SHEET

Surname Adams Christian Name Robert

Examined { on 20th day of July 1916
at Winnipeg.

Birthplace { City or Town ~~Kirriemuir~~ Haddingtonshire
County Scotland

Apparent age 43 years

Trade or occupation Railway Grader

Height 5 feet 7 1/2 Inches

Weight 150 lbs.

Chest measurement { Minimum 34 1/2 inches
Maximum expansion 37 inches

Physical development Good

Small-pox Marks none

Vaccination Marks { Arm Right 1 Left —
Number one

When Vaccinated last childhood

(a) Marks indicating congential peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Approved by J. B. Gravel

Rank Lieut Colonel M.O.

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

Date	Result	Vaccinations	
19/9/16	+	Welbur C Lowry Capt	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
6/8/16	A+B 500 million	J G Park Capt	M.O.
13/8/16.	T+P a+b One billion	J G Park Capt	M.O.
25/8/16.	T+P a+b 1 billion	Welbur C Lowry Capt	M.O.

Enlisted on 20th day of August 1916 at Winnipeg.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	239th BN. O.R.C.C.	1039161		20/8/16
Transferred to	C.R.T.	—		21/3/17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Shoeburyness	2/4/19	A'	Discharged

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Adams Christian Name Robert

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

"C" COMPANY
239th O/S. RY. C. C.

ORIGINAL

161

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

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

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

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

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

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

---

(1) Name of Overseas Unit which Soldier joins 239th Railway Construction Corps C. E. F

(2) Regimental Number 1039161

(3) Full Name of Soldier Robert Adams

(4) Place of Birth New Winton, Haddingtonshire, Scotland

(5) Are you married, or not? Not married

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

(b) Present Postal Address —

(7) Are you a widower? —

(8) Have you any children? —

If so, give number of boys and girls —

Also their names and ages —

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... No .....

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

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

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

..... 101 Alexander St^r. Dundee, Scotland .....

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

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.

..... — .....

..... — .....

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

..... — .....

..... — .....

..... — .....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

..... — .....

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

If so, in what Company ?..... — .....

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

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

A. Fraser Major

..... *Officer Commanding.*

Date..... August 25 - 1916 .....

J. B. L. Macdonald Major O/C

288th COMPANY
288th O/S. RY. C.C.

Surname Adams Christian Name Robert

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

239th BATT. C. E. F.
RAILWAY CONSTRUCTION CORPS

MEDICAL HISTORY SHEET

Surname Adams Christian Name Robert

Examined on 20th day of July 1916
at Winnipeg

Birthplace City or Town ~~Kirmingtonshire~~
County Scotland

Apparent age 43 Years

Trade or occupation Railway Grader

Height 5 feet 7½ Inches

Weight 150 lbs.

Chest measurement Minimum 34½ inches
Maximum expansion 37 inches

Physical development Good

Small-pox Marks None

Vaccination Marks Arm Right / Left —
Number One

When Vaccinated last Childhood

(a) Marks indicating congential peculiarities or previous disease None

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

Approved by [signature]
Rank Lieut Colonel M.O.

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

Date	Result	Vaccinations	
19/9/16	+	Wilbert C Lowry Capt	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
6/8/16	A+B. 500 million	J C Park Capt	M.O.
13/8/16	T+P a & b. one billion	J C Park Capt	M.O.
25/8/16	T+P a+b. 1 billion	William C Lowry capt	M.O.

Enlisted on 20th day of August 1916 at Winnipeg.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	239 Batt	1039161		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Shoeburyness	2/4/19	A.	Invalided

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 103916 Rank Sp 1. Surname ADAMS.
(Given name in full)
ROBERT.

Unit or Corps C.R.A.S.C. Birthplace HODDINGTONSHIRE. SCOT

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

1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 ft. 7 in. 1/2 Colour of Eyes Blue

Nutrition Normal

Pulse 78

Condition of arteries Good

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Scar below Rt knee and on Rt ankle.

Opinion as to general health and physical condition Normal

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary Sytem No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Knottyash (Overseas)

Date 2/4/19 Signed W. Shattock M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Robt Adams

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

C.A.D.C. 5009A

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

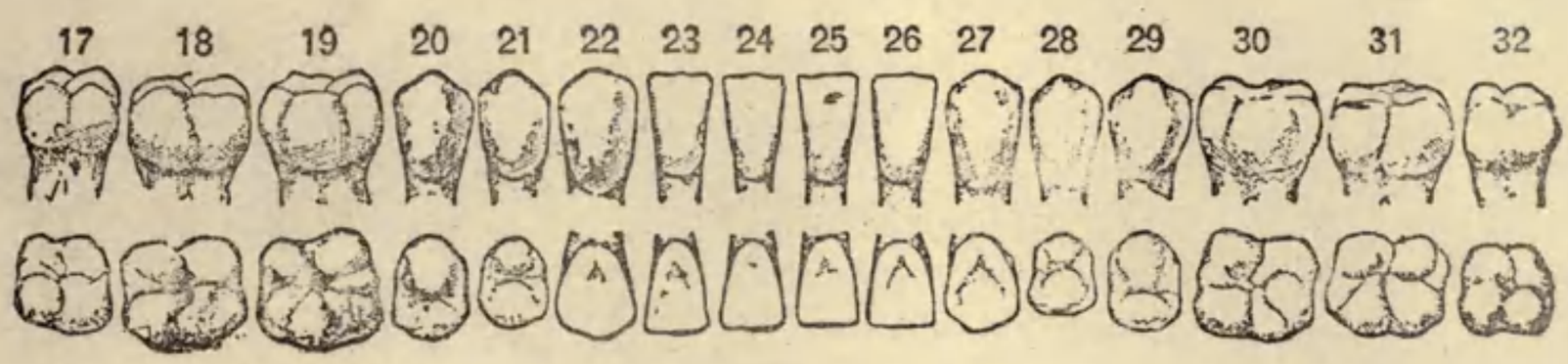
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ADAMS, R.

REGIMENT 6th C R T RANK Spr. No. 1039661.

Date of Examination in England 10/4/19 | 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 11. 15.
2. EXTRACTIONS 19. 30.
3. CROWNS 7
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

unfit awaiting.

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 yes.
- (b) In England no.
- (c) In France no.

KNOTTY ASH CAMP, LIVERPOOL.

Signature of Dental Officer A. La Rocque Capt

J

1d 30

11 12

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				
23.2.18	CRT	Granted 14 days LEAVE	Fund	22.2.18	B 213. DO 15.6.3.18
16.3.18	Do	Returned from LEAVE	Do.	12.3.18	B 213.
12.8.18	Do	1 G.C. Badge	Do	20.7.18	DO 89 of 1918
24/1/19	CGBD	S.O.S. for demob. and posted to C.R.T. Depot, ~~Witley~~. Knotty Ash, nr L/pool.		25/1/19	N.R. D.O. 7 d/- 1919.

Chas. B. Chapwell.
Lieut. for Lt.-Col.; A. A. G.
Canadian Section, G. H. O. 3rd Echn

1 FEB 1919 CRTD Taken On Strength
Knotty Ash 31-1-19 Ph.2-27

18 APR 1919 CRTD S.O.S. 10 Kinmel KNOTTY ASH PART 2 103
Park. M.D. Wal 10

J. Cormier Lt.
Canadian Railway Troops

JP.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 239th O/S Rail Construction

Regimental No. 1039161 Rank Pte Name Adams Robert

C. E. F.

Enlisted (a) 20th July 16 Terms of Service (a) duration of the war Service reckons from (a) July 20th 1916

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) Grader

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 Arrived.	Halifax Canada Liverpool Eng.	Dec 15-16 Dec 28-16	
10/2/16	239th	239th O/S RLY. CONST. CORPS now 3rd Battn. Can. Rly. Troops.	Purfleet	10/2/16	Part 2. D.O. 41
19-3-17 ~~20/3/17~~	3rd Bn. C.R.T.	Transferred to C.R.T. Depot	Purfleet	19-3-17 ~~20/3/17~~	Part 2. D.O. 78. [signature] Capt. Adjt., 3rd Bn. Can. Rly. Troops.
21/3/17	CRT Depot	Taken on Strength	Purfleet	21/3/17	Part II 1069
21/3/17	CRT Depot	Transferred to 6th Bn CRT	Purfleet	21/3/17	Part II 1069 [signature] ADJUTANT, DEPOT CAN. RLY. TROOPS
23/3/17	6th CRT	Taken on Strength	Purfleet	21/3/17	Ill. 82 Part 2
14.4.17	do	Arrived in France	Field	3.4.17	" " 1. d 14-4-17 [signature] LIEUT

(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.

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.
Part I.

(1) *Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christian Names		
(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*)		

(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*)
(19) Pivotal-man (*f*)
(20) Qualifications (*g*)

(Place)
(Date)
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—P2 1150 1M 5/18 G.W.P.Co (3490)

(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

18/4/19 To S C.C.C. Kinmel Park for return to Canada. Part 11 Orders No. 105. S O S

7/5/19 C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No: 126.

W D Bowsfield Lt

For Commanding 10 Wing, Kinmel Park Camp.

SAILING NO [illegible]
SS ORDUNA FR[illegible]
L'POOL 7. 5. 19

[illegible] Capt.
Adjt., No. 14, O.T.O.S.

7.5.19 T.O.S. Dispersal Station

M DO 141 Par 2

and Dispersed 19.5.19 do 3

[illegible] Lieut.
for O. C. 10 District Depot.

Nothing to be written in this margin.

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.
~~21-3-19.~~	~~C.R.J.D.~~	~~S.O.S. Depot on being illegally absent~~ from Reneille 16-2-19. Bay 10.	~~Spr. Kirtly Asl.~~	~~17-3-19~~	~~Pt II C. 75.~~
~~25-3-19.~~	~~—~~	~~T.O.S. on surrendered himself~~ as an absentee	~~—~~	~~24-3-19~~	~~—~~ ~~77.~~
17-4-19	"	S.O.S. to MDC Wing 10 Rhyl	—	17-4-19	— 102 MD 10 Pt II 105/19-4-19
9-5-19	MD 10	52-M-34 S.O.S. to Canada	Spr. Rhyl	7-5-19 7-5-19	— 123

Deleted. See CR.JD. D.O. Pt 2. # 80 d/26/3/1919

R—122
8,401—50,000—21-10-16.

JM.

Rank

Name ADAMS, Robert.

Reg'l No. 1039161

Unit 238th Bn.

If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment Winnipeg. 20th July 1916.

Place of Birth Haddingtonshire, Scotland.

Name and Address, Next-of-Kin Martha Adams.

101 Alexandre St., Dundee, Scotland.

Relationship Mother.

N/E. R.B. No 10366
File R.L.
Can O R
Category

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

	Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
			ARRIVED IN ENGLAND S S OLYMPIC-26 12 16			
			10 2 17 NOW KNOWN AS 3RD CRT PURFLEET 3.2.17 PT.2 DO 41.			
			19-3-14. 3rd C.R.T SOS to Depot C.R.T	"	19.3.14	— 78.
			21-3-14 Depot C.R.T TAS from 3rd C.R.T	"	21.3.14	— 69.
			21-3-14. " Posted to 6th Bn C.R.T	"	21-3-14	— 69. 6th C.R.T. P.O. 82
			14:4:14 7th C.R.T. Arrived in France		3:4:14	Pt. II 100.1.
			12 8.18. " Awarded 1. Good Con. Badge	Field	20.7.18	pt II 89.
			30.1.19 " Posted to C.R.D.S.D.	" "	25.1.19	" 6. C.R.D.S. pt II. 27.1/14
			22.2.19 C.R.D.S.D. Absentee Reveille	Knotty Ash	16.2.19	" 48.

I.F.B. 103 CHECKED
13 APR 1917

From Halifax Per S. S. Olympic Dec. 13th 1916

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Grader RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 43 YEARS — MONTHS

HEIGHT 5 FEET 7½ INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 2½ INCHES

COMPLEXION Fair EYES Blue HAIR Brown.

DISTINGUISHING MARKS not stated.

MEDICAL EXAMINATION. PLACE Winnipeg, Man DATE July 25th 1916

Present Address. 289 Manitoba Ave,
Winnipeg, Man.

SURNAME Adams

CARD NO.

M TD

SOS Dis Demob 19 5 19

FOLL.

DO 141 of 21.5.19

DD 10

CHRISTIAN NAMES Robert

REGL. No. 1039161 RANK ~~Pte~~ Spr.

UNIT 239th Bn.

FORMER CORPS nil.

NEXT OF KIN.

NAMES IN FULL Adams, Mrs. Martha

RELATIONSHIP TO SOLDIER Mother

ADDRESS 101 Alexander St., Dundee, Scot.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland, Heddington DATE Apr. 25th 1873

PLACE OF ATTESTATION Winnipeg, Man. DATE July 20th 1916

13-12-16

P/C 15-5-19 322/29. Pte

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

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

No. 1039051 RANK Pte. NAME Adams. R.

For 1039161

T.O.S. 20-7-16 UNIT 239th Battalion (Railway Const. Corps)

D.O.38 of 29-7-16

M.D. Val.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
July 20	Aug 31	V		
	Sep.	V		
	Oct.	V		
	Nov.	V		
	Dec.	V		

UNIT SAILED
DEC 15 1916

FILE No. 103961 VOL.

SUBJECT Adams Robt.

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE
P.H.		11-10:30			
Stes		21-4-39			

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

O.S.S. 5
30M—4-30 (3797)
H.Q. 1772—45-8

FILE No. VOL.

SUBJECT

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE

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

O.S.S. 5
30M—4-30 (3797)
H.Q. 1772—45-8

FILE No. 12396 VOL.

SUBJECT

Robert Adams

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE
Dr		5-3-31			
Pt Mt		29-6-32			

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

O.S.S. 5—30M—4-29 (2765)

M. OR S. 600

Ordina

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

AUDITOR | PAYMASTER

REGT. No. F1039161 RANK Pte NAME (IN FULL) Adams R

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

19

ORIGINAL UNIT C.E.F. 239 — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO Dis Stn M — DATE MAY 7 1919 — AUTHORITY D.O 141

DATE OF ATTESTATION 20-4-16. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ Nil — DATE EFFECTIVE

PAYABLE TO Bank of Commerce — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Winnipeg.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE M. D. 10 — DATE MAY 19 1919 — REASON D — AUTHORITY D.O 141 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1	DATE	COL. NO. 2	DATE	COL. NO. 3	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 30/4/19.							535	95	535	95																								535	95	for BAL. ENG. L. P. C. 535.95
1/5-24/5	24	1c	29	40	35	00	535	95									19	44													640	65				Arts 27/5/19
					70	00			670	65							9	93																		Clothing Allce. 1st payment W.S.G.
																	4	87																		Advances - Boat - Train
																	5	00																		A.P. dfrd. on Eng. L. P. C. to
																	631	58																		Cheque.
			Wdg	Sa																			Wdg	Sa											Soldier Deptt.
153 Depot at Nin.			350	00	-		350	00															40	00			8	80			241	20	-			Arts Pd. thro' W.S.G. as above
June 17																	466031	70													201	20				70 - 2nd
July 17																	791792	70													131	20				70 - 3rd
																	1217300	70													61	20				70 - 4th
																	1240410	61	20																	61 - Final
							350	00															341	20			8	80			330	00				
																																				Closed

Gratuity.

AUDITED
[illegible] 19

200M-3-19.—L. L. 58786-... & D. 9985.
M. F. W. 2.96.
1772-39-1390.

P. 559
MARRIED OR SINGLE: Single

PLACE OF BIRTH: Haddingtonshire. Scotland

NAME AND ADDRESS OF NEXT OF KIN: Adams. martha.
101 Alexander St. Dundee. Scotland.

RELATIONSHIP OF NEXT OF KIN: mother.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 1039161 RANK Sapper NAME Adams. Robert

IF IN PERMT. CORPS WHAT UNIT } UNIT 3rd Bn. C. Ry. I. TRANSFERRED TO Depot. C. Ry. Le. DATE 21-3-17 AUTHORITY DO 78.193.17

TRANSFERRED TO 6th CRT DATE 21/5/17 AUTHORITY Debit notes

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Winnipeg. Man. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION July 20th 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ ✓ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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)

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
														39 10	39 10									Balance from Canada							39 10				L.J.
Jany	31	1 00/10	34 10												34 10	553	31-1-17														73 20		15		
Feby	28		30 80												30 80	2177	21-2-17							2677											
Mar	1-20	20	-	22 -											22 -	142	28/2							2920						55 97	48 03		30		
		11	-	12 10											12 10	102	15/2							7 30						14 60	55 43				Trans to Depot C. Ry. Le.
Apr.	1-30	30	1/10	33 00											33 00		440 5/4/17							7 30							55 43				
May	1-20	20		22 00											22 00		CRTO 309/16/3.								9 74					9 74	57 79.			
		11		12 10											193 10															4 87	85 92.			Trans 6th CRT 21/5/17 Auth. Debit notes
1-30/6			33												12 10	73	19/4									4 87					107 92			
1-31/7			34 10												33	44	17/5							2365						85 18				
1-31/8			34 10												34 10	760	30/5							2667						5 24	114 78		75	
1-30/9	30		33 00												34 10	71	30/6													5 35	142 43			
															33 00	165	1/6							2667							176 53			
																327	16/8.							2677						5 35	205 28		105	
																863	16/7.	371	31/6.					2678										
																								5 36						10 70	227 58.		135	
																								2 67	2 67.									

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERVICE ALLOWANCE	ENG.
		224 58		Bal. from Sept.					227 58. 135			
Oct.		300 30			39 10	339 40			911 86 265	1241	487	
									111 82			

1039161 A ADAMS R

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
MONTH	PARTICULARS				CR. 1				CR. 2	PARTICULARS				DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFER-RED. PAY	SEP. ALLCE. ENG.	MONTH	PARTICULARS				CR. 1	CR. 2	PARTICULARS			DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.
1917		Bal 30/9/17			~~227~~	~~58~~												227	58	135															
Oct	P.P.				34	10												261	68	150															
					34	10																													
Nov			S.S.		33	00				AR 544 16/10/17 6 CRT				2	68																				
										AR 488 30/9/17 6 CRT				2	68																				
										" 435 22/9/17 6 CRT				2	67																				
										" 596 31/10/17				2	68																				
																		318	07	165															
1918		Dec	S.S.		34	10								10	41																				
					64	10																													
Jany										" 643 30/11/17			"	8	92																				
										699 27.12.17			"	16	95																				
																		326	30	180															
	Jany		P.P.		34	10								25	87																				
					34	10																													
Feby			P.P.		30	80				754 17.1.18			"	7	14					195															
					30	80																													
										EPM. LONDON 23/2/18				97	33																				
														104	47																				
March			PP		34	10												252	63	210															
																		34	10																
										3635 6 CRT 21-2-18				24	33			286	73																
																		38	61																
										826 do 28.2.18				7	14																				
										893 do 22/3				7	14			246	14																
														38	61			~~248~~	~~12~~	~~225~~															
					34	10																													

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	AMOUNT:–

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

NAME:– ADAMS Robert

NUMBER:– 1039161

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
SE		Sapper.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 3rd Bn C.R.E.

DATE ACCOUNT FIRST OPENED:– 1-1-17.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			6th C.R.E.

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
7.2.19	55.19	6 R.E.D.	99 33			30.4.19 6th Bde L.S.	535 95
						L.P.6	535 95
		Disch in England 30.1.19 NR 6/409 Kitch Wtch Con M.D.2					8.4.19
		SOS of CRE. 17.3.19 Des by Coff. 6 be				legally absent from Rec	16.2.19

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 —	10 —		
			8.4.19	
	16.2.19			

PARTICULARS OF RENDERING NON-EFFECTIVE:– Mistake 8.4.19 P.P. 31/3 Cash 15.2.19 P. 52/19. 10 Feb Bal 62.562.75 PP 6/1 465 43

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Balance Forward.								248 12	225	
April	P Pay.	33 00		25. 6th C.R.E. 28/4.	7 14					15 -	
		33 00			7 14				273 98	240 -	
									308 08	255	
May	✓	34 10									
				93. 6th C.R.E. 31/5.	7 14				300 94	255 -	
		34 10			7 14						
June	P.P.	33		M 238 22/6/19 6th CRE	3 57					270	
		33			3 57				330 37		
				✓ 325 8/7 ✓ ✓	3 57						
July	✓	34 10		✓ 448 18/7/18 ✓ ✓	3 57					285 -	
		34 10			7 14				357 33		
Aug	✓	34 10		✓ 565 5/8/18 ✓	3 57						
				✓ 663 7/8/18 ✓	3 57					300 -	
		34 10			7 14				384 29		
Sept	✓	33 -		✓ 779 1-9-18 ✓	3 57 -					315	
				✓ 890 25-9-18 ✓	3 57 -						
		33 -			7 14				410 15		As agreed
Oct		34 10			—				444 25		
				✓ 983 ® 12-10 ✓	3 73 -				440 52	330 -	
				✓ 1084 38 31-10 ✓	3 73 -				436 79		
		34 10			7 46						
Nov		33 -			—				469 79	345	
				✓ 1212 15-11 ✓	16 79 -				453 00		
Dec		34 10			—				487 10	360 -	
Jany		34 10							521 20		
		101 20			16 79						
Feby		30 80							552 00		
				✓ 1297 5 26.12.18 ✓	7 46 -				544 54		
				1441 23 18.1.19 ✓	3 73 -				540 81		

COMPILED BY W. Stewart
CHECKED BY All Summers

NUMBER 1039161 RANK Spr NAME ADAMS, ROBERT

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Balance Forward	30 80			11.19				540 81		
	Ant on W.P. to 8.2.14	21 94			—				562 75		
				CR 5549 65. 8.2 CR.T.D	97 33				465 42		
				o/s/cr Ant on Def Pay		21 94			443 48		
Mch		34 10							477 58		
				o/s/cr 17.2.1916 31.3.19 43 days		47 30			430 28		
	o/s/cr 43 days. 17.2.1916 31.3.19.	47 30							477 58		
		33 -							510 58		
April					—				535 95	420 -	
	Ant on Def Pay	25 37									
		193 51			108 52	69 24					
				1894 CR.T.D. 14/4 Enld (13)	19 47						
				2683 30/4. KS dy 5.	9.73				506. 75		
					29 20						
					29.20						

S.S. Strabon 7/5/19 SL 52 to R.J.

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. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group A
Checked by No. 26
C.M.M.
Date 6-5-19

Please note Wrong date of enlistment on M.F.B. 39 A.

4083

M.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

21/9/39

Group. 1.

1. No. 1039161 SAILING NO. 11
2. Rank. Pte. SS ORDUNA FROM L'POOL 7. 5. 19
3. Name. Adams. Robert.
4. Unit. CRT. CRT.
5. Date of Discharge 19.5.19 Place Winnipeg.
6. Reason for Discharge Demob.
   B Mother. War Service Badge Class "A" No. 189041
7. Authority. DO 141
8. Proposed Residence after Discharge Winnipeg.
   Deceased 6 June, 1938.
   649-A-12872.

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.?

Robt Adams
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Dispersal Station "M" MAY 1 5 1919 Military District No. 10

Signature [illegible]
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.