C.E.F. REGIMENTAL DOCUMENTS

NAME ADAMS WALTER PTE. REGT. No. 808980 UNIT 137 BN. H. Q. FILE No. 1906

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					MED. UNFIT
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					

H

5-8-51

Deceased

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

ORIGINAL

ATTESTATION PAPER.

No. 808980

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?..... Walter
1b. What is your present address?..... Clarenholm Alta., Canada
2. In what Town, Township or Parish, and in what Country were you born?..... Kirkby-on-Bain, Lincoln England
3. What is the name of your next-of kin?..... Mrs Sarah Adams
4. What is the address of your next-of-kin?..... Same Kirkby on Bain, Lincolnshire England
4a. What is the relationship of your next-of-kin?. Aunt - (Woodhall Spa)
5. What is the date of your birth?..... December 16th 1891
6. What is your Trade or Calling?..... Farmer.
7. Are you married?..... No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... 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, Walter 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.

Walter Adams (Signature of Recruit)

Date 14th March 1916: J E Moffatt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Walter 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.

Walter Adams (Signature of Recruit)

Date March 14th 1916. J E Moffatt (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 Calgary Alta this 14th day of March 1916.

Geo. D. Moffatt (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Walter Adams on Enlistment.

Apparent Age 24 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 03 ins.
Chest measurement — Girth when fully expanded	36 ins.
Chest measurement — Range of expansion	3 ins.
Complexion	Sworthy
Eyes	Grey
Hair	Dk. Brown
Religious denominations — Church of England	Yes
Presbyterian	
Methodist	
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

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

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date March 9th 1916

Place Clareholm, Alberta, Canada. B. F. Stevens M.D. 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.

Walter 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.

Geo. Mockett Lt.-Col. (Signature of Officer)

Date MAR 17 1916 191 .

137TH O. BN. C.E.F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 808980 (Rank) Private

Name (in full) Walter ADAMS enlisted in

the One Hundred and Thirty-seventh (O) Battalion

CANADIAN EXPEDITIONARY FORCE at Calgary, Alberta, on the Fourteenth

day of March 19 16.

HE served in FRANCE

and is now discharged from the service by reason of Medically Unfit

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

Age 27 Years, 5 Months.

Height 5 Feet, 3 Inches.

Complexion Medium.

Eyes Grey.

Hair Dark Brown.

Marks or Scars

G.S.W. FACE

L. W. Adams
Signature of Soldier

W. MacLeod
Issuing Officer

Capt.
Rank

Officer i/c Discharge Section District Depot M. D. 13
Appointment

Date of Discharge May 19, 1919.

Signed at Calgary, Alberta, this Nineteenth day of May 1919.

in Military District No. 13.

File Reference No. 13 D-A. 239.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

War Service Badge, Class A No. 251833 Issued

WAR SERVICE BADGE CLASS" "NO ISSUE

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

On demobilization the particulars called for on this certificate will not be completed.

Signed at this day of 19

Name of Officer

Rank

Appointment

War Service Badge, Class A No. 251833 Issued 21/9/39

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	808980
Rank	Private.
Surname	ADAMS
Christian name	Walter.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	137th O.Bn., C.E.F.
Date of discharge	May 19, 1919.
Place of discharge	Calgary, Alberta.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	27 years	5 months.	Descriptive marks
Height	5 feet	3 inches.	5'-8½"
Complexion	Medium.		
Eyes	Grey.		
Hair	Dark Brown.		
Trade	Farmer.		G.S.W. Face.
Intended place of residence (To be given as fully as practicable.)	~~Claresholm, Alberta.~~ Fort Fitzgerald alta		

Deceased

2. The above-named man is discharged in consequence of MEDICALLY UNFIT

Authority for discharge 13 DD-Part 11 DO 139, 19-5-19.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

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

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

MEDICAL DOCUMENTS FORWARDED TO ~~S. C. R.~~ OR B. P. C. —ON— 26. 3. 19

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

McA

K. C. 20.4.20 Com

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

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

6. Medals and Decorations..... { ....

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

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

(Place)..... .....

(Date)..... *Commanding*.....

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

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

(Place) Calgary. W. Adams. X *(Signature of Soldier.)*

(Date) 19.5.19 J. H Brazier Cpl *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place)..... Calgary, Alta.

(Date)..... 19-5-19.

(Signature) W. MacLeod Capt.

Officer i/c Discharge Section District Depot M. D. 13

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

+ M. Adams. X

List of Discharge Documents.

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

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

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

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	808980	Pte	Adams	W.
Year	Unit.		Age.	Service.
	50th Bn			

Station and Date.

Disease G.S.W. face L. & R. Lips (flesh) 2.9.18

14 SEP. 1918

Healed wounds = no disability as result

PT 2

PJ 2

Has flab perf o burning

Requires dyet - to which patient

agrees

Transfer to Convalescent

Doc PJ 2

W. H. Bradley Lieut

PT 2

Con Hosp. Sent Sect & Burns

For Dental Co Cure -

J. D. Thomson

Capt RAMC

Form A

Rank & Corps

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

A 695

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

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

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

1. Christian Names ..... Walter ..... 2. Surname ..... Adams .....

3. Rank ..... Pte ..... 4. Original Unit ..... 137 Batt ..... 5. Reg. No. ..... 808980 .....

6. Address, in full, to which future payments of gratuity are to be forwarded .....
..... Canadian Bank of Commerce .....
Calgary Branch .....

7. Date of enlistment in the C.E.F. ..... March 14th 1916 ✓ .....

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..... not applicable .....

9. Relationship of such dependent ..... not applicable .....

10. Address, in full, of such dependent ..... not applicable .....
.....

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? ..... not applicable

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:—
137th Batt from 24th Aug/16 to May 1st/17.
50th Batt from May 1st 1917 to April 10th 1919

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ? ..... No .....

14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service ..... not applicable .....
.....
.....

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 ..... 137th Batt from March 14th 1916 to May 1st 1917 50th Batt from May 1st 1917 to May 19th 1919 .....

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 .....

S. 355

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

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

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 ? ..... Class "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 ..... not applicable .....

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. ..... No ..... If not, give:—(a) Date of discharge ..... May 19th 1919 ..... (b) Reason for discharge ..... Medically Unfit .....

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

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... 50th Batt from May 1st 1917 to September 5th 1918 .....

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

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

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

Signature of Applicant: W. Adams.

Place of Residence: G.P.O. Calgary.

Declared before me at: Calgary

This 19th day of May 1919.

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

J. Newton
Commissioner for Oaths for Alberta.

EXAMINED BY — DISCHARGED — PAY ON PAY — REMARKS — INITIALS

14/3/19
19/5/19

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
	Nil		4200 00	

Certified Correct.

E. Edwards Major
District Paymaster.

GENERAL AUDITOR'S DEPT. — AUDITED — MAY 29 1919 — DISTRICT AUDITOR M. D. 1

HBH

Forms 1237 12

123/519 P.A

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1.3109	808980	Pte	Adams	W
Year	Unit.		Age.	Service.
	20th Canadians		26	30/12 1/2

GRANVILLE CANADIAN SPECIAL HOSPITAL REGISTRAR 2 OCT 1918 EXETER

Station and Date.	Disease	
	Disease	Flat Feet & Bunions
	Occupation	Farmer
	Enlisted	Mar. 14. 1916
	England	Aug. 1916
	France.	May 1917
	Wounded -	Sept 2. 1918
	Ret to Eng -	Sept. 5. 1918
	Went Sick Wthm	
	Convalescent wid wounds	Sept. 14. 1918
Hosp -	Basingstoke -	11 days
D. P. D. -	No disabelety from wound rec'd eye - In 1912 had broken arch in left foot - Had operation Had piece of bone removed - Feet felt well after this except the left foot would ache after long march - Route marches bothered him after enlistment - Last year left foot has been getting worse.	
Present Condition -	Complains of bunions on both feet - Both feet are flat - Both feet are swollen around malleoli Bunions on both feet - complains of pain in left shoulder and back - otherwise normal	

R O B Adams
Capt

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

(44502) Wt.W 12263—M 1150. 1,450,000. 6/12 16. C.F.&S. Form /I. 1237 12. (E239) P.T.O.

Station and Date.	
4 OCT. 1918	Has rigid flat feet & hallux rigidus. Cannot be made fit for service by any form of treatment. Not fit for transport. Refer to Gymnasium for treatment. Daily ~~ballistic~~ massage & ~~exercises~~ Ballistic
	Complains of pains in shoulder, back & left knee. Refer to Col Med Reg.
2	Ret Monday
14/11/18.	Patient needs 6½ Canadian issue boot with lift on inner side of sole & heel of left foot. James Patterson Capt C. A. M. C.
9-1-19	Surgical Boots W. J. Turner Gym Report. Suggest a last between great toes & inlay Burians. Capt Edgell Capt Cantle
CANADIAN RED CROSS SPECIAL HOSPITAL BUXTON, DERBYSHIRE.	
28-2-19.	Transf to 5 C.C.Hs. Liverpool for D. to. C. Major Adams.

137th O. BN., C. E. F. 808980.

ORIGINAL

MEDICAL HISTORY SHEET. Original

Surname Adams Christian Name Walter

Examined on 9th day of March 1916 at Claresholm Alberta Canada

Approved by B. F. Stevens M.D. 13 SEP 1918

Birthplace City or Town Turkby on Bain County Lincoln England

Rank M.O

Apparent age 24 Years.

Trade or occupation Farmer

Height 5 Feet 8 Inches.

Weight 130 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 36 inches.

Physical development Good.

Small-Pox Marks No

Vaccination Marks Arm Right. Left. yes Number

When Vaccinated last When a child

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

(b) Slight defects but not sufficient to cause rejection Teeth defective

Date	Fit or Unfit	Examined for Re-engagement. 10 SEP 1918
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
1/5/16		A. R. Stevens M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
30/3/16		A. R. Stevens M.O.
1/5/16		A. R. Stevens M.O.
26/9/16	0 A B 7	M.O.

Enlisted on 14th day of March 1916 at Calgary Alta, Canada.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	137th Bn C.E.F.	808980.		14/3/16.
Transferred to	21st Res. Bn (Alberta)			10-1-17.
	50th Battn.			3 MAY '17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
50 Bn	Dec 29/17	Ht Test-	Invalided to Canada Edmonton Military Hospital A. Blewett Capt CAMC

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.
150M.—8-15
H. Q. 1772-39-439.

ORIGINAL

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	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.
NORFOLK WAR HOSPITAL THORPE, NORWICH		5	9	18	13	9	18.	Shrap wd Face	8.	Severe Flesh. Transf to Can Mil Con Hospt Woodcote Pk. Epsom. Small F.B. Septic wd cycled (L)	D. Spurn Lmw MAJOR, FOR LT. COL., R.A.M.C. OFFICER IN CHARGE
M.C.H Epsom		13	9	18	19	9	18	do	7	On Adm Wds healed, no disability as result of wounds. Has flat feet & bunions. Requires operation to which patient agrees. Transfer to Basingstoke	McP Bradley Major CAMC.
No. 4 Canadian Gen. Hospital Basingstoke.		19	9	18	2	10	18	Bunions both feet flat feet	13	to Buxton for special treatment	E Ellis Wetherill
Granville Can. Spec. Hosp Buxton, Derbyshire		2	10	18	12	2	19	Hallux Valgus both feet with flat feet.	134.	Rigid type of flat feet with double Hallux Valgus. Difficulty in walking with swelling around malleoli both feet	Elmer Kimball Capt Can
Canadian Red Cross Special Hospital, BUXTON, DERBY.		12	2	19	28	2	19	Do	16	Transf to No 5 C.G.H. Liverpool. [signature]	Major CAMC.
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL.		28 FEB 1919			31 MAR 1919			Flat feet.		No change. For Invalid to Can.	J Kennedy Capt CAMC
								Do	14	Condition unchanged	G. H. Jardine Capt. C.A.M.C.

H. H. A. T. "ESSEQUIBO" MAR 31 1919 APR 11 1919

W A COMIS

CASE HISTORY SHEET.

OGDEN M.C.H. CALGARY

Hospital. Station.

No. 808980 Rank Pte. Name HAMS K. ALTER Age 27

Unit 137 Completed years of service Where and how long } 6/12 2 14/12 F 16/12

Date of admission 29.4.19 Date of discharge 16-5-19

Diagnosis Flat feet. Place of origin Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE. Hardy looking man states in 1912 broke one of the bones of the tarsus left and trouble date from this. Moderate kind of flat feet of chronic variety no tenderness can walk five miles without much trouble wears the ordinary shoes Bunions on right + left feet. The left is the worse. No other disability

7-5-19. - To Lens 227 written
12/5/19 227 completed awaiting discharge

FAMILY HISTORY Neg.

(Tuberculosis, mental or nervous diseases.)

TREATMENT massage, X Ray

(Especially any specific or special form.)

CONDITION ON DISCHARGE, no change class E

(and disposal made of case.)

Date

Medical Officer i/c case.

a 17708

M. F. B. 313a.
200M.–5-18.
1772-39-439.

CLINICAL CHART.

Corps 137th Bn

OGDEN M*C*L*CALGARY
Hospital Station

No. 808980 Rank and Name Sr. ADAMS WALTER Age 27 Service 6 6/12 2 1/12 F 16/12

Disease Flat Feet Date of Admission 29.4.19 Date of Discharge 16-5-19 Result Evacuated Serial No. A. & D. Book 612

Dates of Observation	April		May																																					
Days of Disease	29	30	1	2	3	4	5	6																																	
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.	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.
107°	.8 .6 .4 .2																																							
106°	.8 .6 .4 .2																																							
105°	.8 .6 .4 .2																																							
104°	.8 .6 .4 .2																																							
103°	.8 .6 .4 .2																																							
102°	.8 .6 .4 .2																																							
101°	.8 .6 .4 .2																																							
100°	.8 .6 .4 .2																																							
99°	.8 .6 .4 .2																																							
98°	.8 .6 .4 .2																																							
97°	.8 .6 .4 .2																																							
	.8 .6																																							
Pulse per Minute	88	56	88	88	86	88																																	
	90	90																																					
Respirations per Minute	18	16	18	18	18	18																																	
Motions	1	1	1	1	1	1																																	

M. F. B. 288.

50M—4-18.
H Q. 1772-39-513.

Signature [illegible] In charge of case.

12 3/5/19

T.S.
Buxton
64

25
Buxton

Forms
I. 1237
14

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
M3/14984	908950	Pte	Adams	W.
Year	Unit.		Age.	Service.
	50 Can Bn.		26	30 mos.

Station and Date.

19.9.18

No. 4 Canadian Gen. Hospital, Basingstoke.

Disease Flat feet & Bunions (for oper) Rt 26 9/18 Flat feet

OCCUPATION Farmer

NEXT OF KIN Mrs. S. Adams

ENLISTED March 14, 1916 — Calgary

ENGLAND Aug 1916

FRANCE May 1917

WOUNDED Sept 2nd 1918.

HOSPITALS

Norfolk War Hosp.
Epsom - Convs.

OPERATIONS

REMARKS

SUMMARY OF F.M.C.&.M.H.S.

PRESENT CONDITION all wounds healed

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

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
[106] W308/P1296 50m [illegible] 89 Forms/I. 12[illegible]

Station and Date.	
	no disability from wounds a large bunion on L. big toe a small bunion on R. big toe and ~~two flat~~ Flat feet — 2 Third degree. Both bunions are inflamed and painful.

C.A.D.C. 5009A

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

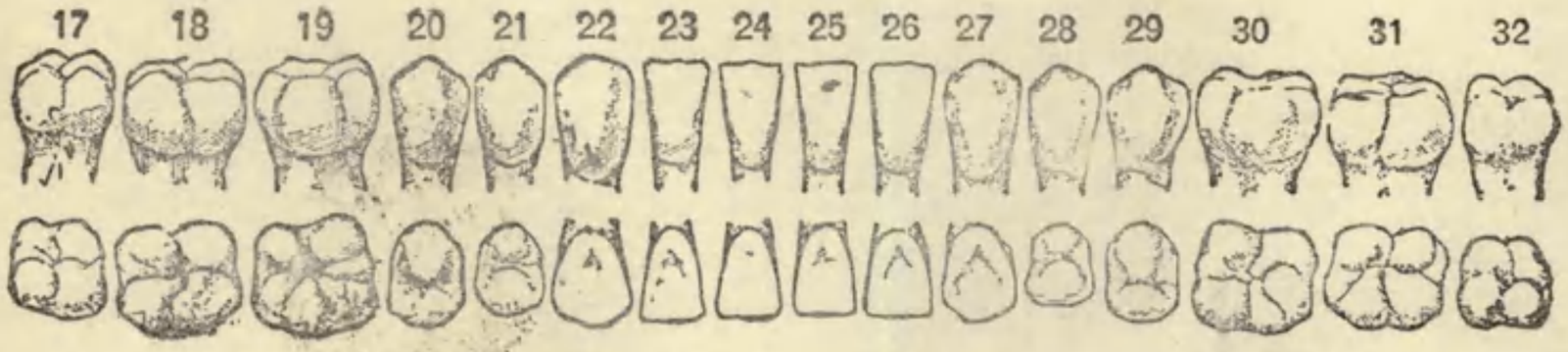
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ADAMS. W.

REGIMENT 50th Bn RANK Pte No. 808980

Date of Examination in England Mar 2-19 | 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 10. 13. 18
2. EXTRACTIONS 1. 12. 20
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer O. Rowley Capt.

FORM OF WILL.

98792

I, Walter Adams (Name in full)

Regimental Number 808980 serving in 137th O. BN., C. E. F.

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

Mrs Adams Rose Cottage Kirkby -on- Bain Woodhall Spa Lincs England	Name & Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Adams Rose Cottage Kirkby-on-Bain Woodhall Lincs England	Name & Address of person or persons to receive personal estate* *(see note).*

In Witness whereof I have hereunto set my hand this 15 day of November A.D. 1916.

W Adams Signature.

* 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.

Name of Witness L. B. McNamee

Address of Witness 137th Batt. Can. Inf.

Occupation of Witness Soldier

Name of Witness J W Boothby.

Address of Witness C Coy 134 Batt.

Occupation of Witness Soldier.

P. 85. 10,000. 23-9-16.

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 ... 137th O. B'n. C. E. F.

(2) Regimental Number ... 208980

(3) Full Name of Soldier ... Walter Adams.

(4) Place of Birth ... Kirby, Lincolnshire, England.

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

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

(b) Present Postal Address ... /

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

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

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

Also their names and ages ... /

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No.

If so, state name and address ✓

(10) Is your Mother alive ? No.

If so, state name and address ✓

(11) If your Mother is a widow

Are you her sole support, or not ? ✓

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

✓

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

Mrs Sarah Adams (Aunt).
Rose Cottage, Kirby-on-Bain,
Woodhall Spa, Lincolnshire, England.

(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.

Lt.Col.
137th O. BN. C. E. F.
Officer Commanding.

Date July 24-1916

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50.)

_____ Hospital.

Ward _____ No. of Bed _____ Date _____

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
	Pte. ~~Walter~~ Adams		

Short History of Case.
(To be completed by M.O. i/c case.)

Shah Wd Face

Signature of M O. Cu

Date 6/9/10

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate 4501

No definite injury can be detected but there may be some damage to head of R ascending ramus (will M.O. please see plates)

Signature of Radiographer _____

Date _____

M. F. W. 54. (A. F. B. 103:
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps 137th Bn.

Regimental No. 808980 Rank Pte. Name Adams. Walter.
C. E. F.

Enlisted (*a*)..... Terms of Service (*a*)..... Service reckons from (*a*).....

Date of promotion to present rank }..... Date of appointment to lance rank }..... Numerical position on roll of N. C. Os. }.....

Extended..... Re-engaged..... Qualification (*b*)..... .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
31-5-19		TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO. 113 Officer Commanding District Depot No. 13			
19-5-19		DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13, PART 2 ORDER NO. 139 AUTHORITY P.O. 1420 Officer Commanding District Depot No. 13			

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

[P.T.O

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

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 137TH O. BN. C.E.F.

Regimental No. 808980. Rank Private Name Walter Adams.

Enlisted (a) 14/3/16. Terms of Service (a) ~~C. E. F.~~ C. E. F. Duration of war ~~6 months~~ Service reckons from (a) 14/3/16.

Date of promotion to present rank. Date of appointment to lance rank Numerical position on roll of N. C. Os.

Extended Re-engaged Qualification (b) Farmer.

Report: 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	21/8/16.	H. M. T. Olympic
		Arrived England	Liverpool	30/8/16.	
~~[illegible]~~ 10-1-17	~~[illegible]~~ O/C. 137th Bn.	Transferred 21st Res Bn (Alberta)	Seaford	10/1/16	#9 d 10/1/17 as munition Fr a/ ADJUTANT 137th BATTALION CAN. INF.
~~[illegible]~~ 10-1-17	~~[illegible]~~ O/C 21st Res Bn	[illegible] of 21st Res Bn. Alberta from 137th Bn. C.I.	Seaford	10.1.17	Pt. II C.O.I. 10-1-17 as munition Fr a/ Capt. & Adjt. 21st Res. Bn. Alberta
3 MAY '17	21ST RES. BN.	PROCEEDED OVERSEAS FOR SERVICE WITH 50th BATTALION.	BRAMSHOTT.	3 MAY '17	113 3 MAY '17 [illegible] Capt. & Adjutant 21st Reserve Battalion.
4-5-14	O.C. CBD	arrived. T.O.S. 50th Bn	Havre	4-5-14	Pt II A.O 81 d/9-5-17
20-5-14	Do	Left to join Unit	Field	20-5-17	N.R.
26-5-14	O.C. 50th	Joined Unit	Do	22 29-5-14	B213 Abs. 179.180.

CERTIFIED CORRECT. 26 MAY 1917 CAN. RECORDS, LONDON.

(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.

808980 Pte ADAMS, Walter

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				
13-10-17	Oblo 10th	To 4th Div. Reinf Bn	Field	10-10-17	B213
10-10-17.	GGRC	Joined 4 GGRC.	do	10-10-17	NR 14
2-11-17	GGRC	Left for Unit	do	2-11-17.	NR 28
10.11.17	C.O. 50th	Joined Unit from CRC.	do	6.11.17	B 213
29-11-17	do	Granted 14 days leave	England	26-12-17	B213. A II No 1 d 7-1-18
19-1-18	do	Rejoined from leave	Field	14-1-18	B213
15-8-18	do	Wounded- at duty	do	15-8-18	C.199. PE II D077 d/20-8-18 K2 17-1150.
5-9-18	7th Gen Hosp	G.S.W. face — to	England	5-9-18	H6512
5-9-18.	OCAT "Princess "Elizabeth"	Invalided -Wounded- and posted to Alta.Regtl.Depot.	Bramshott	5-9-18.	M.3083.No.5929. Pt.2.97.d/16-9-18.
		for Lt/Col., A.A.G., CANADIAN SECTION. Lieut.,			
13.9.18	A.R.D.	T.O.S. from 50th Bn 9/5.	Bramshott	5.9.18	A.2.D.237

LIEUT.
FOR LT: COL: I/C RECORDS, C.O.M.F.

Officer Commanding District Depot No. 13
Lieut. Col.
TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO.

1062

OGDEN M.C.H. CALGARY Hospital.

REQUISITION FOR TREATMENT OR EXAMINATION. Date 30/4/19

Reg'tal No. 808980 Rank Pte Name Adams W Unit 137 Bn

Bed ..... Ward .....

Injury or disease Flat feet Part affected N.A

Treatment or Exam Radiograph to note position of bones of both feet of Jenstello

Report Radiographs shews evidence of collapse of arches of both feet otherwise negative

M.F.W. 2509

Sgd. E S Hoare

Radiographer

1st Div. 2.9.18

Canada age 26

X - RAY REPORT

NO. 7 CANADIAN GENERAL HOSPITAL

Date - Sept 3rd

Walking
Urgent

~~Stretcher~~
Not Urgent

Rank & Name - Pte Adams Walter

Reg. No. - 408980

Unit - 20th C.E.F.

Part to be examined - Hand Left

Examined for - F.B.

Ward - 12 - H.O. i/c Maclellan

X - Ray Report:-

5312 8x10.
5313 8x10.

Minute F.B. - No Fracture.

Radiologist.

R—122

A.C. Rank Name ADAMS, Walter. / Reg'l No. 808980 /

Unit 137th. Bn. / If in perm. Corps, What Unit? Married or Single Single. /

Place and Date of Enlistment Calgary.Alta.March.14th.1916. / Place of Birth Kirkby-on- Bain / Lincoln, England /

Name and Address, Next-of-Kin Mrs. Sarah Adams. /

Kirkby-on-Bain, Woodhall Spa, Lincolnshire, England. / Relationship Aunt. /

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

R.B. No. 10912
File R.L. CAN-MU
Category

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
C.		Arrived in England H.M.T. 2810 30-8-16			
16-11-16	CL. 137th Bn.	Adm: Mil: Isolation Hospital	Aldershott	10-11-16	C.L. 17. Pt II D.O. 284. Rubella.
22-11-16.	137th Bn:	Dis: " " Hosp: Aldershott.	Witley Camp	21-11-16	Pt II DO 288. C.L. 20 "
10 1 17	137 Bn	SOS to 21 RES Bn	SEAFORD	10,1,17	Pt.2 DO 9
10.1.17	21 Res Bn	T. O. S. fr 137 th. Bn.	Seaford	10-1-17	Pt II, D, O.1.
3.5.17	–	SOS Bn posting to 50th Bn Oseas	Bishott	3.5.17	– – 113/50th Bn DO 81 D/9.5.17
24.8.18	A.R 50	Wounded	Pte Field	13.8.18	CL A 300
10.9.18.	AR 50	Wounded	" "	3.9.18	CL. A. 314
13.9.18	A.R.D.	T.O.S. from 50th Bn o/s	" Bishott	5.9.18	Pt 2 O. 237 & 97 50th Bn 8/16/9/18.
4-4-19	AR	Invalided to Canada + No 5 CGH Kirkdale SL 74 MS 13	" Liverpool	31-3-19	CL B 487 & ARD Pt 2 79 of 7.4.19

A.F.B. 103 CHECKED
W.B. 19 MAY 1917

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				

Form P. 812A.
7777 15m. 12/12/18 D509

A.

C.R. FILE NO. 2184.

ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to Mrs. S. Adams.

Address Kirby-on-Bain, Woodhall Lincs.

Name ADAMS, W.

From Canada: No. 818980 Rank Pte. Unit Alta. R.D.

ASSIGNED PAY

Authority	Dol.	Effect
ASSIGNED PAY SEPARATION ALLOWANCE	"	"
20.	"	"
1-2-19.	"	"

Rank	Authority	Unit
	ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTHER OF DISCHARGE OF SOLDIER NAMED HEREIN. Noted on L.D.B.	

Month		Cheque No.	Assigned Pay	Amount Separation Allce.	Total A.P. and S.A.	REMARKS
DEC.	191					DISCHARGED TO CANADA.
JAN.						Nom. R.A. 129. 23-1-19.
FEB.		J50022	20			Final Payment.
MARCH		Q31033	20			
APRIL		A.5012	20			
MAY						
JUNE						
JULY						
AUG.						
SEPT.						
OCT						
NOV.						
DEC.						
JAN.						
FEB.						
MAR.						
APRIL						
MAY						
JUNE						
JULY						
AUG.						

A-305

36234

Ref. No. N.R.

J6.

MILITIA AND DEFENCE
ASSIGNED PAY.

To whom Mrs. Sarah Adams,

Address Kirkby-on-Bain,

Woodhall.

Lincoln. Eng.

Rate $20.00

Date to Commence Aug. Ist; 1916.

By whom assigned Adams, Walter,

Regtl. No. 808980

Rank Private

Corps, &c. 137th Battalion

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.		150490	20		
Sept		185697	20		
Oct.	$80.00	187611	20		
[illegible]		224611	20		
Dec.		265120	20		
Jan.	1917	306627	20		
Feb.		347128	20		
Mar.		390134	20		
April			160		
May					
June					
July					
Aug.					

A.S. & V.A. chd.

A.P. checked & found correct 21/3/17.
H.C. Sparrow
P/Sgt.

ASSIGNED PAY.

By whom assigned Adams W. Pte

Regtl. No. 808980 137th Btn

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

Capt. Patterson

Granville Canadian Special Hospital---Gymnasium Class 12

Regtl. No. 808980 Rank Pte Name Adams. Unit P. Bed 123

Diagnosis: Flat feet + bunions Class: Foot Entered 9.1.19.

Remarks: 9.1.19 suggest a pad between great toes to relieve bunions. J.d.B.

24/1/19 Rt R bunion nearly painless now and much less swollen. Left is some less painful but still swollen. Patient needs special boots to lift all pressure from these joints size 7½

J.d.B. Beaugré
captain.

Form 9 1000 19-8-18

FILE No. 808980 VOL.

SUBJECT

Adams (Walter)

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE
Stet		21-9-39			

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

O.S.S. 5--30M—10-37 (148)
n.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—10-37 (148)
H.Q. 1772-45-8

D.M.S. 1300.

Surname: Adams.
Christian Name or Names: W.
Reg. No.: 808980

Rank: P/C
Unit: 137th Bn.
Co.: 50. Alta.
Troop:
Batty.:

Hospital: Aldershot Mil. Isolation
Date of Admission: 10.11.16.

Transferred: 7. Can. Gen. Etaples. Hosp. 3.9.18.
Norfolk War - Thorpe Norwich Hosp. 5-9.18
Woodcote Sh. Epsom. Hosp. 14-9-18
4 Can. Gen. Basingstoke. Hosp. 20-9.18.

Diagnosis: Rubella.
(1) GSW. Face. Rv. Flat Feet & Bunions R
Later Diagnosis (if changed)
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION: Invaleded to Canada 31.3.19 Date

Dis 21.11.16

REMARKS

Cf. 16.11.16 #17.
24.11.16 #20
24.8.18 @300 (1). Wd. & rem. at duty - 13.8.18. Rv.
10.9.18 @314 (2)
10.9.18 B314 (2)
17-9-18 B/320-3.
23.9.18 B325 (1)
8-10-18 B. 338/4
17.2.19. B447.
13.3.19 B468.
4.4.19 B487

A.M.D. 2 DEPT.
Boh. of D.G.M.S. O.M.F.C. London.

1R

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	Granville C.S.H. Buxton	3-10-18
	C.R. x. Spec R. Buxton	13. x. 19.
2.	5 C. G. Kirkdale	1.3.19
3.		
4.		
5.		
6.		
7.		

REGT. NO. 808980 RANK Pte. NAME ADAMS WALTER

UNIT 137 AGE 27 SERIAL NO. IN A. AND D. BOOK 612

TOTAL SERVICE WHERE AND HOW LONG 6/12 Can 11/12 Fr 16/12 DATE AND PLACE OF ORIGIN London 1912

DISEASE OR INJURY Flat feet *DUE TO SERVICE *NOT DUE TO SERVICE

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION 29.4.19

(B AS A TRANSFER (STATE WHERE FROM) NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT IN CATEGORY E

DATE OF DISCHARGE AS AN INVALID 16.5.19 Discharged 6.L.I.B

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO) NAME OF HOSPITAL

OTHER INDEPENDANT CONDITIONS DIAGNOSED

Next of Kin Mrs S Adams
Kirkley Lain
Woodhall Spa Lincoln Eng.

M. F. W. 148.
1772—39-1-17 Agent.
100M —6-18.

* CROSS OUT CONDITION NOT APPLICABLE.

(OVER)

REMARKS:- Hardy well nourished young man, no other disability, states trouble began after accident 1912. Chronic type moderate degree. Can walk five miles without any trouble. No tenderness, can raise and lower oneself on toes. Prominent bunions on right & left feet, the right worse than left.

*Name ADAMS, Walker Rank Pte. Regtl. No. 808980

Original unit 1[illegible]th. Bn. Present unit 50th. M. or S. S Age 27 Religion C.of E. Fyle Depot Ref. H.Q.

Port, ship, and date of arrival Portland, Maine- ESSEQUIBO- 10-4-19.

Next of kin Mrs. S. Adams, (Aunt) Kirkby-on-Sain Lincoln, England.

Address on leave Claresholm P.O. Alta.

Address on discharge Gen. Del. Calgary

Transportation issued Yes / No Date Character on discharge

Previous occupation Farmer Date and place of enlistment 14-3-16- Calgary.

Diagnosis Flat Feet Date of Medical Boards 12-5-19

Date.	Remarks		Pt. 2 Order No.
T.O.S.			
31-3-19	Posted to Hos. Sec. Calgary.		113.
	Granted leave with Sub. 29-4-19		
29-4-19	Admitted to Ogden, M.H.	HSO.	121
		DD	137
15-5-19	Posted to Cas. Co., Cal.	HSO.	135

*—Name will be given in full; surname first.

(over)

Date.	Remarks.	Pt. 2 Order No.
19-5-19	Dis H.M.S. Med Unfit	139

M.F.W. 192
150M—6-18.
1772-39-1243.

A.T. Serum } 1st
Dose and Date }

2nd

FIELD AMBULANCE NOTES.

Morphia }
Dose and time }

Date of wound or } 2 9/18
onset of illness }

12

31 MAR 1919

Religion C.E.

Army Form W. 3118.

FIELD MEDICAL CARD.

No. 808980 Rank PH 173/519
Name ADAMS, W.
Unit 50th Bn CAN INF 4th C. DIV

Battle Casualty ~~Accidentally Wounded.~~ "Sick".
(Strike out description which does not apply).

No. of F.A.
Date of admission 2 9/18
F.A. diagnosis

12

G.S.W. FACE.

Additional F.A Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

31. MAR 1919

Base Hospital diagnosis (alterations or additional)

W6508/M2843. 1,750M. 4-8-17. K. & J., Ltd. (6359).

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S. 23

Date of entry 2/9/18

Evac sitting

V Hollow

[illegible]

No. of Hospital 7 Can. gen.

Date of entry 3-9-18.

Vertical lacerated wound of upper eyelid

Considerable oedema

Small penetrating wd of left cheek

Eng H.D.C

W H McMillan

X-ray - no fracture

Minute F.B. in cheek

123/519.

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

H. Q. Reference

No. 808980 Rank PTE Unit 137th Btn

Surname ADAMS

Christian names WALTER.H.

. Kindly forward Medals, to which I am entitled by reason of my service in "FRANCE"
(Theatre of War)

with 50th BATTALION CAN INF
(Unit with which served in Theatre of War)

No. 922

Street 4½ STREET NORTH WEST

Town CALGARY

County ALBERTA

MAR 3 1922

W. Adams
(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

O. H. M. S.

POSTAGE FREE

CALGARY 1 30 PM FEB 26 1922 ALTA

WORK AND PROVIDE WORK TO REDUCE UNEMPLOYMENT

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

200M.-4-21.

H. Q. Reference

No. 808980 Rank Pte Unit 137

Surname Adams

Christian names Walter

Kindly forward Medals, to which I am entitled by reason of my service in France & Belgium
(Theatre of War)

with 50th C C F
(Unit with which served in Theatre of War)

No. 9227

Street 4½ St N W

Town Calgary

County Alta

FEB 25 1922

W. Adams
(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

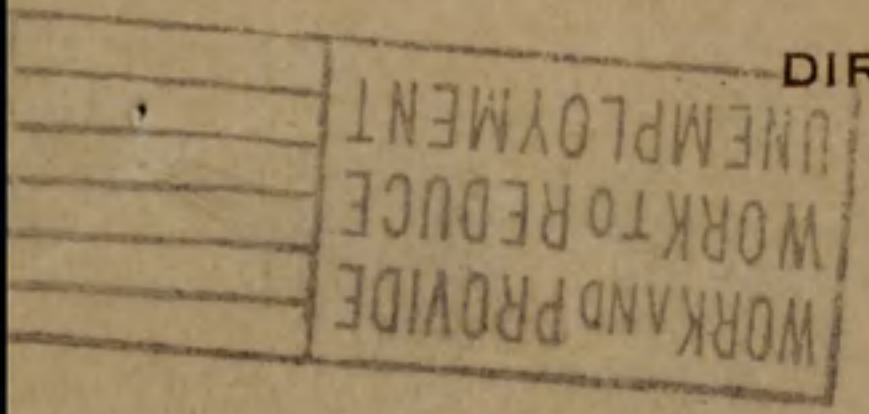
O. H. M. S.

POSTAGE
FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.



200M.-4-21.

REGT'L NO 808 980

H. Q. FILE NO. 649-

NAME Adams, Walter

RANK AND CORPS Pte. (Tom 37th. Bn.) 50th Bn

FOLLOWS

NO.

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
H 274	23-3 26-8-18	E. Rept. wdd. sltly and rem. all duty Aug 13th/18 ✓
H 306 12-3	12-9-18	Adm. Norfolk. War H. Thorpe Norwich Sept 5th 1918 G Sw face

L. L. Job 8885—M. & D. 7146.

M. F. W. 42—25M.—4-10-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
17	Mil. Isolation Aldershot:	10-11-16	Rubella.
20.	Discharged	21-11-16	" "
A300.	Rep from Base	13-8-18	Wounded & Rem at Duty
B514.	Norfolk War: Thorpe Norwich	5-9-18	D.W. Face
A314 -	7 Can Gen: Etaples	3-9-18	GSW "
B330.	Mil Com: Epsom	14-9-18	" " " "
B325.	4 Can Gen: Basingstoke	20-9-18	" " " " Flat feet & Bunions
B338	Gran. Can spec: Buxton	3-10-18	" " " " " " "
B447	Can Rx: Spec Buxton	13-2-19	" " " " " " "
B468	5 Can Gen Kirkdale Liverpool	1-3-19	Gh W face flat feet & Bunions
B487	Invalided to Canada Sh 74 MD 13	31-3-19	" " " " " " "

Form R. 149.

Name Adams Walter Rank Private Reg. No. 808980

Unit 50 Bn

Next of Kin Mrs Sarah Adams, Kirkby-on-Bain Woodhall Spa, Lincolnshire, England

Date	Movement	Place	Casualty	List No.	Notified N/K-O.	W.O. List
1918.						
13-8-	Wounded Remaining at Duty			A 300	H 274 DM	2649
	Last 16 D.O. #77 d/ 20/8/18					
3-9-	7 Can Gen Hosp Etaples - G.S.W. Face			A 314		3867/6
5-9-	Norfolk Nat Thorpe Norwich - do			B	H 306	25989
14-9-	Mil Can Hosp Epsom - do			B 320		26592
20-9-	4 Can Gen Hosp Basingstoke - do					
	& Flat Feet & Bunions - B 325					26933
3-10-	Gian Can Sp Buxton - do			B 338		27973
13.2.19.	C.R.C. Spec Buxton		do	B 447		6948
1-3-	Can Hosp Kirkdale		do	B 468		4989
31-3-	Invalided to Canada					8400
	S.F. 74.	M.D. 13		B 407		

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

Form DMS 1401.

No. 4 Chinese Gen. Hospital,
Basingstoke. HOSPITAL.

A. & D. CARD

AT

A. & D. No. MS 1498 4 98 PL. OF ACTION France

RANK Pte REG. No. 808890 UNIT 50 Bn Can. SICK OR WOUNDED

NAME Adams W. AGE 26 RELIGION C E

PLACE IN HOSPITAL A Up.

DIAGNOSIS Flat feet & Bunions (for oper.)

ADMITTED 19.9.18 FROM M C H Epsom.

DISCHARGED TO

TRANSFERRED 2-10-18 Granville Cdn Ranston

SERVICE AT HOME 14 Mos. IN FIELD 16 Mos.

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

SURNAME. Adams,

CHRISTIAN NAMES Walter

REGL. No. 808980 RANK Pte.

UNIT 137th Bn.

FORMER CORPS Nil

CARD NO. 13

FOLL. SOS 19-5-19. Dunst
DO 139 of 19-5-19 13DA

NEXT OF KIN.

NAMES IN FULL Adams, Mrs. Sarah

RELATIONSHIP TO SOLDIER Aunt

ADDRESS Kirkly-on-Bain, Lincoln, Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England Kirkly-on-Bain, Lincs. DATE Dec. 16th, 1891

PLACE OF ATTESTATION Calgary, Alta. DATE Mar. 14th, 1916.

Sailed from Halifax Per S.S. Olympic 22-8-16

M/C 10-4-19 26 Pte

523/2

L. L. 94504. M. & D. 6512. M. F. W. 22. 250[illegible]-2/16. H. O. 1772-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farmer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 24 YEARS 3 MONTHS

HEIGHT 5 FEET 3 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Swarthy EYES Grey HAIR Dk. Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Claresholm, Alta. DATE Mar. 9th, 1916.

Present address. Claresholm, Alta

No. 808980 RANK Pte NAME Adams W.

T. O. S. 14-3-16 UNIT 13-7th Battalion

D.O.D. 15-3-16

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Mar. 14	Mar. 31	✓		
	Apr.	✓		
	May.	✓		
	June.	✓		
	July.	✓		
	Aug.	✓		

UNIT SAILED

AUG 22 1916

FORM R. 149.
7106—250m—7/2/17.

Name Adams, Walter. *Rank* Pte. *Reg. No.* 808980.

Unit ~~1/7th. Bn.~~ 21st. Res. Bn. ~~Lincs.~~ Linc.

Next of Kin Mrs. Sarah Adams. (Aunt.)
Kirkby-on-Blair Woodhall Spa. Lincolnshire.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10-11-16.	Isol.	Aldershot.	Rubella.	17.		
21-11-16.	Discharged.		Do.	20.		

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

Form DMS 1401.

A. & D. CARD

Granville Can. Spl. Hospital HOSPITAL.

AT Buxton

A. & D. No. T 3109 PL. OF ACTION

RANK Pte REG. No. 808980 UNIT 50 Can SICK OR WOUNDED

NAME Adams. W AGE 26 RELIGION C of E

PLACE IN HOSPITAL C A

DIAGNOSIS Flat Feet + Bunions

ADMITTED 2 OCT 1918 FROM 4th Can Con Assiniboia

DISCHARGED 12 FEB 1919 TO

TRANSFERRED C.R.C.S.H. Buxton

SERVICE AT HOME 30 1/2 IN FIELD 16 1/2

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

134 days

P.T.O.

REMARKS.

LEDGER NO. 121 SERIAL NO. A. 17708.

REG. NO. 708980 NAME Adams W.

RANK Pte. CORPS 137th Bn. AGE 27 - SERVICE 6 6/12. E 1 4/12. F 1 6/12.

HOSPITALS	DATE OF ADMISSION
1 Ogden Mil. Cond. Calgary	29-4-19
2	
3	

DIAGNOSIS Flatfoot

TRANSFERRED TO

DISPOSITION 16.5.19 CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

AUDITOR bill | PAYMASTER

(A)

H.M.H.S. Esquimalt. Portland Dne. 10.4.19.

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

M. OR S. S | REGT. No. 808980 | RANK Pte | NAME (IN FULL) ADAMS. W.B. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE
No.

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Can. Bank Commerce		
		Calgary
Certified amending entries on this Ledger Sheet have been audited by		Navy
Date		8.5.19

ORIGINAL UNIT C.E.F. 137 & 138 Bn. | 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 1.2.19

PAYABLE TO Mrs Sarah Adams. aunt | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Kirkly on Barn. Woodhall Lincs.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED — PLACE CALGARY. ALTA. | DATE MAY 19 1919 | REASON A.a. | AUTHORITY A.O.B. 2 D.O.139 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					Bal. Eng. L.P.&C.
	9.1.19	1.10							47	82																											
									47	82	8th	31/8	4th	10/9/19	10th	3/9	4	87	4	87	4	87															
									47	82	8th	18/9	10th	10.9.19	10th	1.10.19	4	87	5	-	1	50	-										74	48	26	66			
L.219 19.5.19.	108	1st	118	80	36	12			165	80	33	9/8			41	19/8	25								40	00	26	66	139	14							
			118	80	47		47	82	213	62							34	74	9	87	129	01			40	-			213	62							
					W&L		La.																		W&L		La.										Soldier Dependent
					420	00	—		420	00															70	00							350	00			
																									70	-						280	-			
																									20	-			20	-		260	-			
																									50	-						210	-			
																									70	-						140	-			
																									70	-						70	-			
																									70	-						0	-			
					420	-			420	-															400	-			20	-		420	-			

Certified opening entries on this Ledger Sheet have been audited by _____ Date _____ 29 8 19

All Payments Due on This Account have been completed.

O.C. Esquimalt

Clothing Allowance $ 30

DISCHARGED MAY 19 1919

760890 22-5-19.

587802 22-6-19.

a.p. for amt paid not charged. A.F.609-11-95 27-6-19.

859691 19-7-19.

973182 19-8-19.

1108556 19-9-19.

5.14.10.28 19-10-19

855.

695.

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-30-1390.

MARRIED OR SINGLE S

PLACE OF BIRTH Kirkby-on-Bain, Lincoln, England.

NAME AND ADDRESS OF NEXT OF KIN Mrs. Sarah Adams
Kirkby-on-Bain, Woodhall, Lincs, England

RELATIONSHIP OF NEXT OF KIN Aunt

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

N.B. checked & found correct H.B. Sparrow Pay Sgt 22/3/17

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 808980 RANK Pte NAME Adams Walter

IF IN PERMT. CORPS } WHAT UNIT UNIT 137th Batt. TRANSFERRED TO 21st Res Bn DATE 1.2.17 AUTHORITY D.W.O. 69-27/1/17

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 56th Bn. DATE 21/2/17 AUTHORITY D.O. 113

PLACE OF ATTESTATION Claresholm, Alta. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 14/3/16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $20.00 DATE EFFECTIVE Aug 1/16

PAYABLE TO Mrs. Sarah Adams, Kirkby-on-Bain, Woodhall Linc. Eng RELATIONSHIP Aunt

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)

C. R.

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
														14 10																	14 10					A/Sd pay for Dec Paris by Asst Pay Bks deduction for same made on Aug pay sheet. Can Bde from Canada
Sept	30	1.00	30		30	10	3								33.	26	6/9	66	15/9					9 73	4 87			20	15 40	50.		2 90			Forfeits 14 days pay $20.232
Oct	31	1.00	31		31	10	3	10							34	10												20.		20 00 22 70	11	20			
Nov	30	1.00	30		30	10	3								33				33H 30/11						4 87			20		24 87	19	33		19 33	
Dec	31	1.00	31.		31	10	3	10							34	10			34 22/12						14 60 2 24 3 12			20.		34 60	18	83		18 83	
1917			12	20			12	20																										
Jany	15	1.10	16	50											16	50												20.		20 00 14 9 #7	15	33			
" 16/31	16	1.00/10	17 11 8	60 3 0											17 13 4	60 #0			68 30-1-17					730				100			32	93	20 00	32	93	Tsfd to 21st Res Bn 1.2.17 Ro 69 27.1.17
Feb 28	28	-	30	80											30	80			16 17/1/17 257 26-2					487				20		32	17	31	56		31	56
																								486											
Mch	31		34	10											34	10			149 16-2					487				20		29	73	35	93		35	93
Apr	30		33												33								47250		1947			20		20		48	93		48	93
May	31		34	10					46 47/4 72 30/4						34	10			11 4/4 72 30/4				30600	487				20		84 34	38	69		38	69
June	30		33	-											33								4V0001					20		20 - 5 40	51	69		51	69
			333	30										14 10	347	40								55	97	24	37	200	15 40	298	31				

808980 Pte. Adams W.

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.	Date	2 No.	Date	3 No.	Date	4 No.	Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1917			333	30										14 10	347 40									55 97	24 34			200	15 40	295 71	51 69				
July	20	1 00/10	22												22 -							A 84341						20		20	53 69				Transfd to 50th Bn. 21/7/17.
—	10		12	10											12 10	440 / 359	21 / 9/6							2 68 / 2 68						5 36	60 43				
Aug.	31		34	10											34 10							141276						20		20	74 53				
Sep	30		33												33	595 / 510	17.7 / 7.7	901 / 773	5.8 / 21.8	786 / 1201	10.5 / 21.5	194205		5 35 / 2 68	2 68 / 2 68	4 46 / 4 46		20		42 31	65 22				
			434	50										14 10	448 60							229003								383 38					

MONTH PARTICULARS DR. 2 PARTICULARS DR. 1 DR. 2 DR. 3 DR. 4 BALANCE DEFERRED PAY SER. ALLCE. ENG.

MONTH PARTICULARS DR. 1 CR. 2 PARTICULARS DR. 1 DR. 2 DR. 3 DR. 4 BALANCE DEFERRED PAY SER. ALLCE. ENG.

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.	Date	2 No.	Date	3 No.	Date	4 No.	Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1917 1st Bal.			~~65~~	~~22~~																															
Oct. N Pay			34	10									229003			20																			
			34	10												20																			
Nov Do			33						£4 2/2				137202			20																			
									AR 1162	7/10	50 Bn			357																					
									AR 205	18/10	4 CDTR+RC			446																					
									972	12/9	50 Bn.			268																					
									1062	25/9	"			268																					
Dec. N Pay			34	10					£4 2/2				13602			20																			
			67	10										13 39		40																			
Jan Do			34	10					£4/2/2				C30002			20																			
									AR 1493	4/12	50 Bn			357																					
									" 1429	26/11	"			1249																					
									" 2155	28/12	" 47C			58 40																					
									" 334	4/11	4DCCRC			357																					
									1676	30/12	50th			357																					
			34	10										81 60		20																			
Feb. P Pay			30	80					£4/2/2				76202			20																			
									AR 1593	17/12	50th			446																					
									1757	23/1	"			446																					
									1834	4/2	"			357																					
			30	80										1249		20																			
MAR 1918 Do			34	10					£4 = 2/2				D40602			20																			
									AR 1913	23/2	50th			446																					
									1985	4/3	"			357																					
									2104	19/3	"			446																					
			34	10										1249		20																			

P 820
12474—375m—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR ~~CANADA~~	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	Aug 1916	EFFECTIVE DATE:-	
AMOUNT:-	20 00	AMOUNT:-	

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

Mrs Sarah Adams (Aunt)
Kirkby on Bain, Woodhall, Lincs

Stopped 1-2-19

ASSIGNED PAY AND ~~SEPARATION~~ ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN

NAME:- ADAMS Walter B

NUMBER:- 808980

E

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 134 Bn

DATE ACCOUNT FIRST OPENED:- 1/9/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			50 Bn

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
6/1/18							
10/1/18		Deprived of 2 days Pay Forfeit "R.W. B. 252" 776	~~4 40~~				
~~21/1/19~~	~~S.T.~~	~~A.179 Buxton 10 day 73~~	~~4 00~~				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: 31/1/19 Dis B Can. auth. A.179. Buxton 23/11/19 M.D.13 Ledger Bal 44.9x. L/C Bal. 47.8x

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Balance fwd								25 45		
Apr	Pte Pay	33		£4-2/2. A34202			20				
				AR. 24. 5/4. JOBn	3 57				34 88		
		33			3 57		20				
May	Do	34 10		£4=2=2 A77002			20				
				AR 193. 2/5 JOBn	8 03						
				" 298 16/5 "	4 46				36 49		
		34 10			12 49		20				
JUN	Do	33		£4=2/2. 936502.			20				
				AR 431 4/6 JOBn	3 57						
				" 21 20/6 "	4 46				41 46		
		33			8 03		20				
JUL 1918	Do	34 10		£4=2/2. 986002.			20				
				AR 646. 1/7 JOBn	3 57						
				" 769 15/7 "	4 46				47 53		
		34 10			8 03		20				
AUG 1918	Do	34 10		£4-2/2. B31802			20				
				AR 869 2/8 10 JB	3 57						
				999 28/8 JO Bn	3 57				54 49		
		34 10			7 14		20				
SEP	Do	33		£4-2/2 C97002			20				
				AK. 2872 16/9 Woodcot Eps.	9 73				57 76		
		33			9 73		20				
OCT	Do	34 10		£4=2=2 D48206			20		71 86		
				AR 8034 10/10 Buxton	4 87				66 99		
		34 10			4 87		20		C/F		

NUMBER 808980 RANK NAME ADAMS Walter

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									66 99	nil	
Nov	N Pay	67 10		£4-2/2 £8933			20				
Dec				AR 9171 5/11 Buxton	48 67						
				11980 19/12	14 60						
Jan		34 10		A-2-2 £65005	63 27		20			nil	
				4-2/2 748360			20		44 92		
		101 20			63 27		60				
Feb	S.F. 21-1-19 to 31-1-19 (10 days) Gran.			a.w.l. 8-12-18 - 9-12-18 = forfeits 2 days							
	Lich A/129/17-1-19 = A.O. 19 27/1/19 ARA.	7 30		for - 4 days A.O. 328 d. 30-12-18 ARA		4 40					
				AR. 14272 31/1 Buxton = L.F.G. end.	48 7						
				" 4406 19/2 " "	48 7						
				" 107 4/2/19 Liverpool. L.F.G. end.	48 7						
				" 822 11/2/19 " "	48 7						
		73 0			19 48	4 40			28 34		

505 to Canada (SL 74-137 Bn 31/3/19)

OPINION OF THE MEDICAL BOARD

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

Yes

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

20. It is certified that the invalid
   - (a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)
   - (b) Does not require treatment.
   - (c) Should pass under his own control.
   - (d) ~~Should not pass under his own control.~~

   (Strike out condition not applicable.)

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

Yes

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.

J. D. Stewart ..... President.

PLACE Calgary, Alta. ..... Captain C. A. M. C. } Members

DATE May 12th, 1919 ..... Captain C. A. M. C.

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 ..... } Members

DATE .....

APPROVED BY J. H. Birch ..... Assistant Director of Medical Services.

DATE 13-5-19

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

DATE .....

ORIGINAL

B. P. C.

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 Ogden, Alta. DATE May, 12th/1919.

1. 1 (a) Unit 137th Bn. (b) Regimental No. 808980 (c) Rank Pte.

(d) Surname ADAMS (e) Christian name Walter

(f) Home address General Delivery, Alta.

(g) Next of Kin Mrs. Sarah Adams (h) Relationship Aunt

(i) Address of Next of Kin Kirkby-on-Bain, Lincoln, England.

2. Age last birthday 27 Date of birth Dec. 16, 1891.

3. Enlistment, or Appointment (if an Officer) (a) Place Calgary (b) Date March 14/16.

4. Personal description:

(a) Height 5' 3-1/2" (b) Weight 120 (stripped) (c) Complexion Medium

(d) Colour of hair Black (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Nil.

5. Former trade or occupation Farmer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2-6/12	

		Periods From	Periods To	
Canada	137th Bn.	14-3-16	14-7-16	5/12
England	137th Bn. & 21stRes.	14-8-16	5-5-17	9/12
France or other theatres of War	50th Bn.	5-5-17	5-9-18	16/12

7. Original disease, or injury Flat Feet

(a) Date of origin Autumn 1912. (b) Place of origin England.

(c) Cause Patient states the trouble originated from an accident. He fractured one of the left metatarsals.

M. F. B. 227.
400m.—11-18.
1778-80-117.

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.)

Flat Feet.

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.)

Applicant is well nourished young man; perfectly fit but for above named disability. Flat feet of a chronic flexible variety, left one worse than right. X-ray shows "evidence of collapse of arches of both feet, otherwise negative." On palpation (deep) slight tenderness over the astiogalas inner side left foot. Patient can raise and lower himself on his toes. Has prominent bunions on feet, more prominent on left. He does not wear any artificial appliances. He states that he can walk four or five miles without experiencing any trouble, after that some pain outer side of foot left.

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

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

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

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

Notes from Medical History Sheet: "13-9-18, shrapnel wound face; 19-9-18 wound healed, no disability as result of wound." M.C.H. Epsom has flat feet and bunions. Granville Canadian Hosp. rigid type of flat feet with hallux valgus. Invalided to Canada.

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).)

Superficial wound face 2-9-18, and left lower leg 14-8-18.

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

Small scars on left eyebrown and left leg lower surface.

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.)

Yes.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 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.)

France, England, Canada.

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 Reclassification.

T J Costello Capt CAMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned W. 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

W. Adams Rank.
Signature of invalid examined.

PART III.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at this day of 191

Date of Board

Signatures of the Board.

President.

Station

Approved

Dated at Station

191

PART I. Form (D.M.S. 1312). A.F.B. 179 Canada Revised). 12485. 50M. 18-2-18.

a600 NIC S

Reserved for M.H.C.

Regt. No. 705980 Rank Pte Surname ADAMS Christian Name WALKER

Unit or Corps—(a) Overseas from United Kingdom 5th Can Bn (b) In United Kingdom 21st Res Batt.

Born at—Town Kirkby on Bain County or Province Lincoln Country England

Date of Birth—Day 16 Month December Year 1893 Age 25 yrs. 9½ months.

Joined at Claresholm Alberta Canada Date 9th March 1915

Former Trade or Occupation Farmer

Permanent marks or peculiarities that will serve for future identification

Our vaccination mark left arm.

Height—feet 5 inches 3 Colour of eyes Grey

Signature of Soldier (*for identification purposes*) Wm Adams

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

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

Disabilities Group (*a*) FLAT FEET NO

Disabilities Group (*b*) NONE NO

Disabilities Group (*c*). NONE NO

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	UNKNOWN PREWAR CONDITION	UNKNOWN	UNKNOWN
(*ii.*) As to Group (*b*) above.	NONE NA	NA	
(*iii.*) As to Group (*c*) above.	NONE NA	NA	

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

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

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

(*ii.*) As to Group (*b*) above? NA If yes, has Active Service aggravated it? NA

(*iii.*) As to Group (*c*) above? NA If yes, has Active Service aggravated it? NA

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

(*i.*) As to Group (*a*) above? NO

(*ii.*) As to Group (*b*) above? NA

(*iii.*) As to Group (*c*) above? NA

PART I. *(continued)*.

5. If a cause of disability was an injury received on Active Service, was it received—

(*i.*) While on duty? NA (*ii.*) While off duty? NA

(*iii.*) Was a Court of Inquiry held? NA (*iv.*) Where? NA (*v.*) When? NA

(*vi.*) Opinion of the Court? NA

6. HISTORY OF THE CASE. *(State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).*

States that in 1914 he had a right foot operation and had a piece of bone removed & rolled up and put in his condition, but still found foot tender after long marches. Thinks noticed especially during route marches of his enlistment. For last three months his foot has been getting worse

7. PRESENT CONDITION. *(Give previous and present weight if likely to indicate progress of disability.)*

Complains of bunions on both feet and pain in feet after walking. Examination shows rigidity of Metatarsal Phalanx joints. There is some swelling around malleoli of both feet and markedly bunions on both feet. Man walks with difficulty and aids by a stick.

8. OPERATION. (*i.*) Was one performed? NO

(*ii.*) If so, state what. NA

(*iii.*) Was one advised and declined? NO

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

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? NO

(*ii.*) If so, describe. NA

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? NO

(*b*) Fit for base duty? NO

(*c*) Invalid to Canada? YES

(*d*) Discharge from the Service as permanently unfit? NA

Date of Report October 21st 1918 Signed W. E. Dod Capt RAMC

Station Buxton Derbyshire England Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

Capt. { Officer i/c / S.M.O. } { Hospital / Brigade } Strike out one of these.

Registrar, for O.C.,

Dated at Granville Can. SP. Hosp. Station, on 191

* Delete if inapplicable.

GRANVILLE CANADIAN SPECIAL HOSPITAL REGISTRAR 28 OCT. 1918 OFFICE

PART II.

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

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1)? Yes

If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? Yes

If not, indicate it.

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused? No / Aggravated? No } (*b*) Misconduct of the Soldier { Caused? No / Aggravated? No }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? *(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)*

N. A.

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? *(Estimate at none, ⅛, ¼, ⅜, ½, or all.)*

N. A.

16. Permanency of the Pensionable Disability estimated next above in (15). N. A.

(*i.*) Is it permanent?

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

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? N. A.

18. Remarks.

Otherwise normal

Walking Case

19. Recommendation :—(*a*) Fit for duty? No

(*b*) Fit for base duty? No

(*c*) Invalid to Canada? Yes

(*d*) Discharge from service as permanently unfit? No

Classification for the Military Hospitals Commission. G

Date of Board

Station

Signatures of the Board. E. Nicholson Maj RAMC *President.* W. E. Dod Capt RAMC

Approved Walter Rowe MAJOR, D.A.D.M.S. A.D.M.S.

Dated at FOR A.D.M.S. CANADIANS BUXTON AREA. Station 191

ASSISTANT DIRECTOR OF MEDICAL SERVICES 11 NOV. 1918 CANADIANS BUXTON AREA.