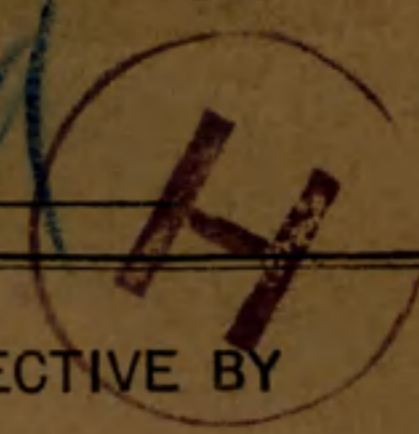


REGIMENTAL DOCUMENTS

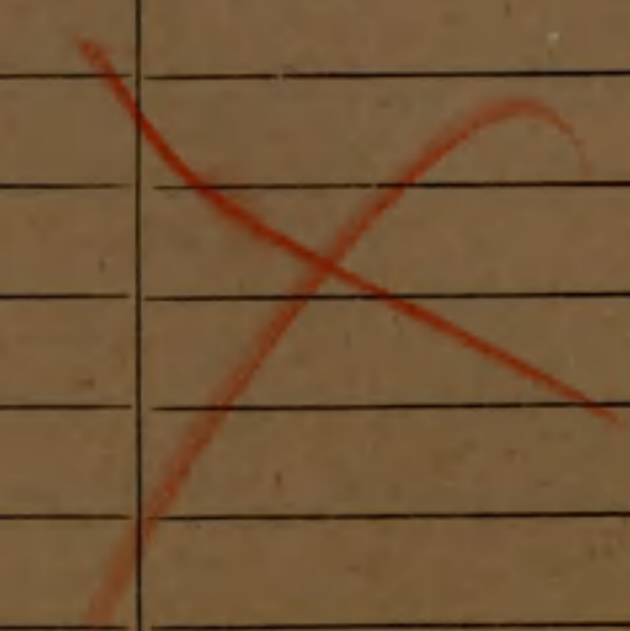
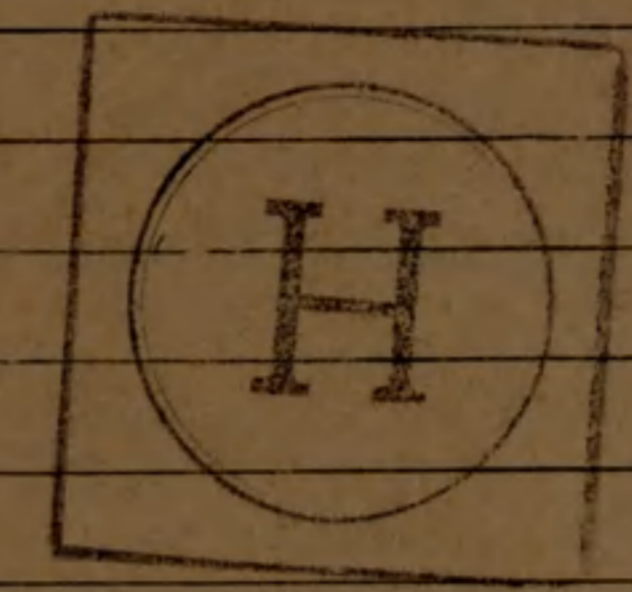
NAME *ADAMS*

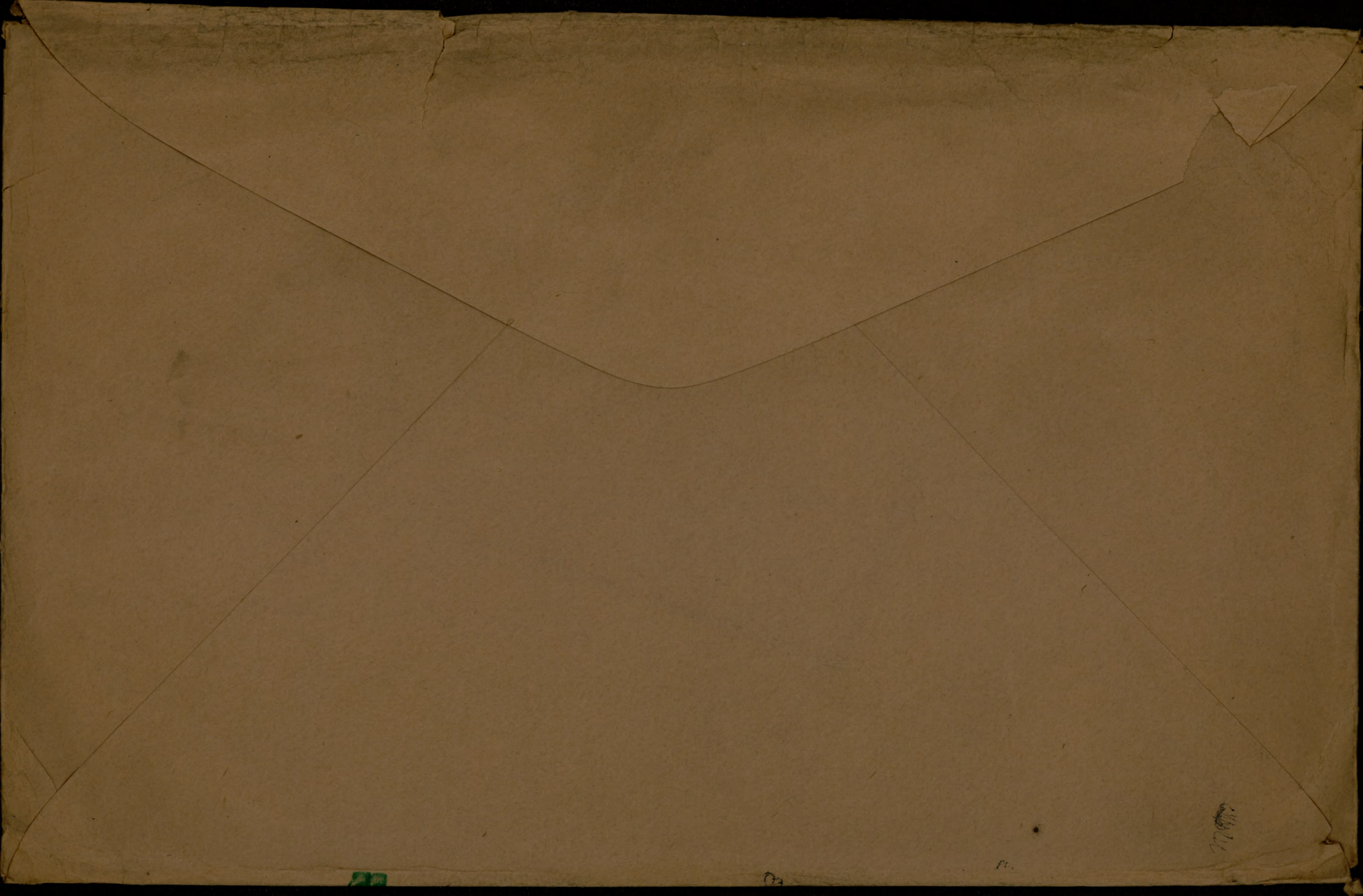
WALTER CHARLES REGT. NO. *915213*

UNIT *3rd Co. 101st* H. Q. FILE NO. *1909*



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2 ATTESTATION PAPER (M.F.W. 23, 133, or 51) <i>3</i>	<i>11/6/19</i>	<i>M</i>	<i>11/10/19</i>		DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1 TRAINING HISTORY SHEET (M.F.W. 113) <i>Record Sheet</i>					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1 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)					
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					<i>Handwritten signature</i>
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)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>1 6/13/19</i>					
<i>2 cap. card</i>					
<i>1 PR</i>					
<i>1 Pay sheet</i>					





22 see card etc

Duplicate
DUPLICATE

ATTESTATION PAPER
Third Divisional Amtn. Column
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 91523

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname?..... Walter Chas. Adams
- 1a. What are your Christian names?..... Walter Chas.
- 1b. What is your present address?..... 138 Burlington St. E., Hamilton
- 2. In what Town, Township or Parish, and in what Country were you born?..... Belfast, Ireland.
- 3. What is the name of your next-of-kin?..... Mrs W. C. Adams.
- 4. What is the address of your next-of-kin?..... 138 Burlington St. E., Hamilton
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... 26th February, 1892
- 6. What is your Trade or Calling?..... Stationary Engineer.
- 7. Are you married?..... Yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- 9. Do you now belong to the Active Militia?..... Yes
- 10. Have you ever served in any Military Force?.. Nil
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, W. C. 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.

Date Aug. 6, 1915. Walter C. Adams (Signature of Recruit)
H. R. Dillon (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, W. C. 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.

Date Aug. 6, 1915. Walter C. Adams (Signature of Recruit)
H. R. Dillon (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 Niagara this 6 day of Aug. 1915.

M. Miller (Signature of Justice)

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

Certified to be a true copy.

T. C. Wood
Capt. C. F. A.
No. 2 Sec., 3rd Div. Amn. Col.

Description of Walter Adams on Enlistment.

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

Height.....5 ft. 8 1/2 ins.

Chest measurement { Girth when fully expanded.....35 1/2 ins.
 Range of expansion.....3 1/2 ins.

Complexion.....Dark

Eyes.....Brown

Hair.....Dark

Religious denominations. { Church of England.....X
 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).

four tattoo marks on right arm & five on left arm.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....191 .

Place.....

B. B. Schochman Capt
97th Boston C.R.
 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:—

in Hospital with varicose veins

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.

F. A. Peacock.....(Signature of Officer)

Date.....Aug. 1915.

Major

CANADIAN EXPEDITIONARY FORCE

War Service Badge

DISCHARGE CERTIFICATE

Class "A" No.

THIS IS TO CERTIFY that No. 9523 (Rank) Serjeant

Name (in full) Walter Charles Adams enlisted in

the Third Ammunition Column

CANADIAN EXPEDITIONARY FORCE at Niagara on the 6th

day of August 1915

HE served in 3rd Battery 3rd C.D.A.C.

Demobilization.

and is now discharged from the service by reason of

Medical Unfitness.

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

Age 26 years

Height 5ft 8 1/2 inches

Complexion dark

Eyes brown

Hair dark

Marks or Scars

Four tattoo marks right arm and five on left arm

W C Adams

Signature of Soldier

Jast Young

Issuing Officer

Date of Discharge

HAMILTON, ONT.

NO. 2

MAR 30 1919

DISTRICT DEPOT.

For

O. C. No. 2 District Depot
Rank

Date March 30 1919

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

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____

the _____

CANADIAN EXPEDITIONARY FORCE at _____

day of _____ 19 _____

He served in _____

and is now discharged from the service by reason of _____

THE DESCRIPTION OF THIS SOLDIER'S SERVICE IS AS FOLLOWS:

Age _____

Height _____

Complexion _____

Eyes _____

Hair _____

Signature of Soldier _____

Date of Discharge _____

State of Discharge _____

WAR SERVICE DISTRICT JOURNAL

DATE _____

For _____

O. C. No. 3 _____

Hand _____

Date _____

Uniform is not to be worn after expiration of one month from special permission of discharge, except by special permission of G. O. C. District.

NOTE: As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unopened envelope to the Secretary, British Council, Ottawa, Canada.

2

CERTIFIED DOCUMENTS *W. Adams* P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

W. Adams
DISCHARGED

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.

FIRST PAYMENT OF SEP. ALLOC. W.S.G.
DATE TORONTO, ONT. APR - 7 1919

W 40 83

1. Christian names *Walter Charles* 2. Surname *Adams*
3. Rank *Driver* 4. Original Unit *31st Bty* 5. Reg. No. *91523*
6. Address, in full, to which future payments of gratuity are to be forwarded.....
138 Burlington St E Hamilton Ont
7. Date of enlistment in the C.E.F. ~~*15 June 1915*~~ *6 Aug 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *Evelyn Adams*
9. Relationship of such dependent..... *wife*
10. Address, in full, of such dependent.....
138 Burlington St E Hamilton
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:—
3rd Da.C. 14/7/16 - 10? 19/3/19
No
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?..... *Yes*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....
No
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *3 years 7 months & 24 days*
6 Aug 1915 - 31st Battery 7 months 3 Da.C. 14-7-16 3 months
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department..... *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?..... *No*

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?

Yes, 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.

No

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

No

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

no not applicable

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

30th March 1919

Yes

(b) Reason for discharge.

Domestication

~~not applicable~~

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.

~~yes - 2nd D.A.B.~~

No

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.

~~3rd D.A.B. 1916 to 1918~~
3rd D.A.B. 14/7/16 to 19/3/19

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?

No

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 C Adams

Place of Residence: Hamilton Ont

Declared before me at: Wiley Bank

This 26 day of Feb 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.

[Handwritten signature]

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

WITLEY DAM, WILTSHIRE & TOWN OF WITLEY

WITLEY DAM
WILTSHIRE

WITLEY DAM
WILTSHIRE

WILTSHIRE

WILTSHIRE

WILTSHIRE WILTSHIRE

WILTSHIRE WILTSHIRE

WILTSHIRE WILTSHIRE

WILTSHIRE WILTSHIRE

WILTSHIRE WILTSHIRE

W. I. ...
Dept. of A.M.O.
Eye & Ear Specialist,
Witley Dam, Surrey.

16

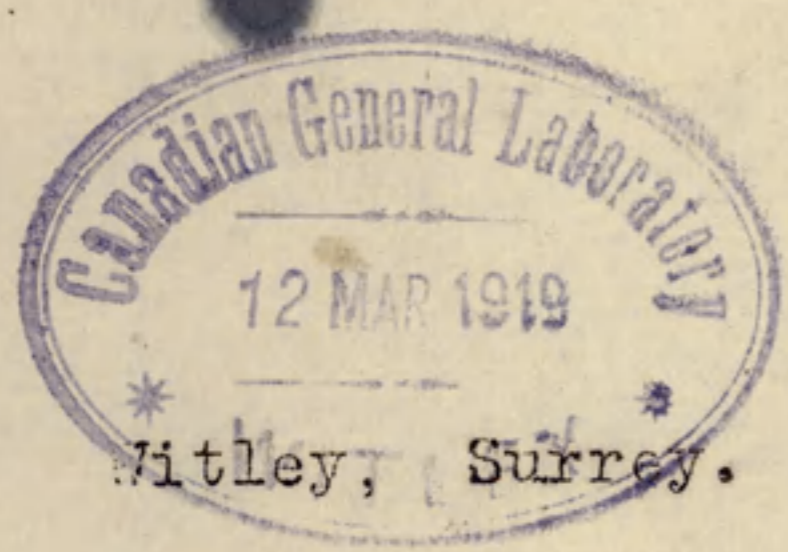
CANADIAN GENERAL LABORATORY

WASSERMANN REPORT FOR MEDICAL BOARD

NAME *Adams W.C.* REGTE NO. *91523*
 RANK *Dr.* UNIT *3rd Can Div.*
 PREVIOUS WASSERMANN DATE *No previous test*
 RESULT
 STATION AND DATE

BT
RESULT OF WASSERMANN (ORIGINAL) QUINTE R SYSTEM.

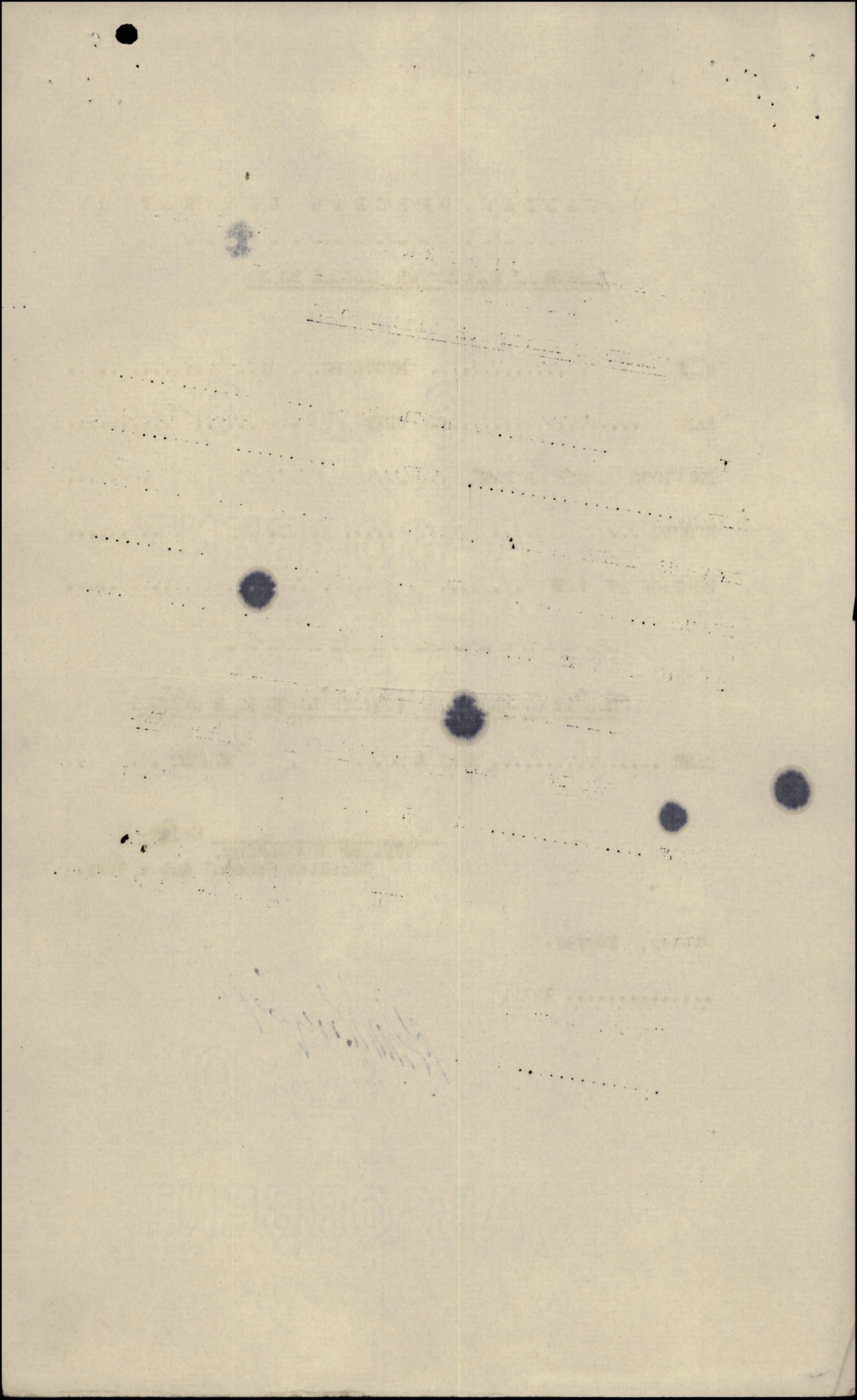
DATE SERIAL NO. RESULT



Major.
 Officer Commanding,
 Canadian General Laboratory.

..... 1919.

[Handwritten Signature]
 WASSERMANN
 NEGATIVE



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. C.

REGIMENT 3rd D.A.C. RANK Driver No. 91523

Date of Examination in England _____ Date of Examination in France 21/1/19



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 14

2. EXTRACTIONS

3. CROWNS

4. DENTURES
- (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

Dental Certificate issued.

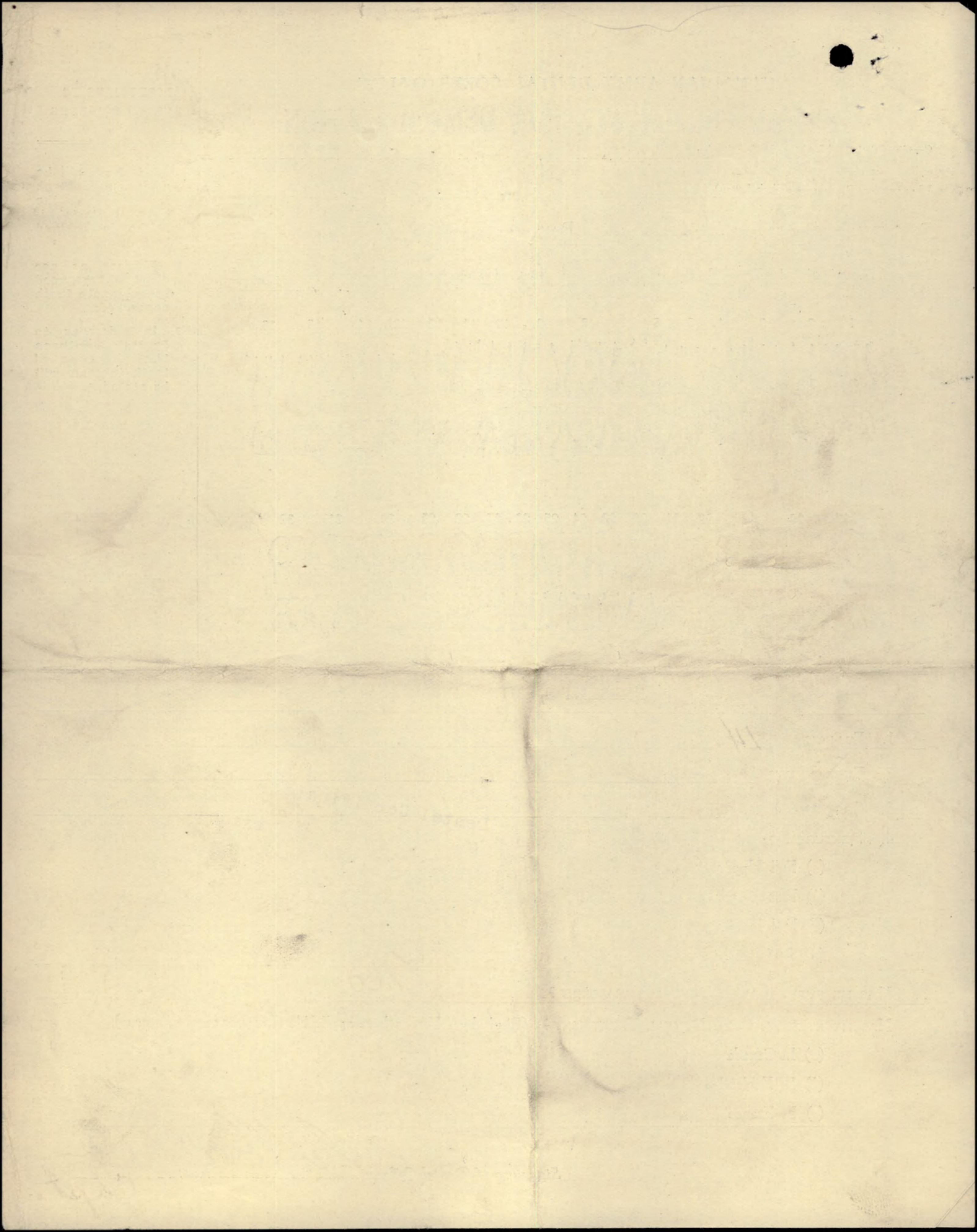
No

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

Signature of Dental Officer [Signature]
Capt.



ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Adams Christian Name Walter Chas

Examined on 25 day of Feb 1915 at Exhibition Camp Toronto original M.A. List Birthplace City or Town Belfast County Ireland

Approved by [Signature] Rank 97th Bn [Signature] M.O.

Apparent age 24 Trade or occupation Height 5 Feet 9 3/4 Inches Weight 160 Lbs. Chest measurement Minimum 33 inches Maximum expansion 36 inches Physical development good Small-Pox Marks None

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT. Rows for M.O. status.

Vaccination Marks (Arm Right X Left X) Number two When Vaccinated last Jan 2/1916 (a) Marks indicating congenital peculiarities or previous disease None

Table with columns: Date, Result, VACCINATIONS. Row for Jan 2/1916.

(b) Slight defects but not sufficient to cause rejection Few varicose veins left leg operated on 9 months ago.

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Rows for Feb 1, 7, 11, 3-7-16.

Enlisted on 6 day of Aug 1915 at Niagara

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Rows for 31st Battery and 3rd Bn.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Row for Grimsby Mar 14, 1915.

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.

RVG

Rank *Dr.* Name **ADAMS. Walter Charles** Reg'l No. **91523**
 Unit **No 2 Sect 3rd D.A.C.** If in perm. Corps, }
 What Unit? } Married or Single **Married**
 Place and Date of Enlistment **Niagara, Aug 6th 1915** Place of Birth **Belfast, Ireland**
 Name and Address, Next-of-Kin **Mrs. W. C. Adams,**
138, Burlington Street, Hamilton, Ont, CAN Relationship **Wife**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character

N/E. R.B. No. **11936**
 File R.L. **Law**
 Category

A.F.B. 103 CHECKED

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.				
		<i>Arrived in England</i>		<i>25 MAR 1916</i>	<i>S. S. Metagama</i>
<i>13-7-16</i>	<i>3rd D.A.C.</i>	<i>Embarked for France.</i>		<i>14 JUL 1916</i>	<i>Pl. II D.O. III.</i>
<i>29.8.17</i>	<i>"</i>	<i>to Marseilles Stat & Hosp</i>	<i>Marseilles</i>	<i>18.8.17</i>	<i>Ch 24 N.G.</i>
<i>29.11.17</i>	<i>"</i>	<i>Dischd " " "</i>	<i>"</i>	<i>22.11.17</i>	<i>" 104 V.D.G.</i>
<i>6 2-3-18</i>	<i>"</i>	<i>Awarded one Good Conduct Badge</i>	<i>Field</i>	<i>6-8-14</i>	<i>Pl II 18</i>
		<i>Proceeded to Canada</i>		<i>19.3.19</i>	<i>29-J + Pl II No. 46 & 19.3.19</i>

(V.R.)
HW

2nd. Contingent

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

P. 18th 11
45/50

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

Wife
Mrs W. B. Adams
138 Burlington St. E.
Hamilton
Ont.

Adams W. B.

91523

Sgt. Dvr.

3rd Batty

Section 2.

20⁰⁰ MAR 1 1916

3rd Div. Army Bohemia

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		216948	20 ✓	

Consolidated Account

1954

1

2

111
11111

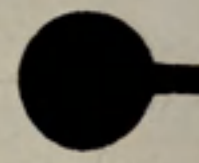
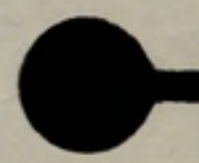
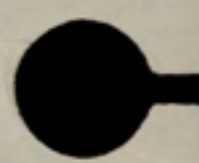
3

4

111

11111
11111

1



2nd. Contingent

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.

60m.-12-15.

1772-39-819.

Sheet No. 2

L. L. Job 8902.-Req. 6213.

16.
Mrs. W. Adams.

91523

Name of Soldier

Adams, W. B.

Sig. Dr. 3rd Batty. 3rd Div. Army Pool.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	J/20	20 -	
May		K 3319	20	
June		L 62550	20	
July		A 7102	20	
Aug. ✓		a 10980	20	
Sept.		B 15053	20	
Oct. ✓		B 19369	20	
Nov.		B 24322	20	
Dec.		B 32900	20	
Jan. ✓	1917	E 37983	20.	
Feb.		C 43047	20	
March ✓		C 49335	20	20 R 20 L - 49335 cancd M.F. 26/2/17 20 E
April		P 40	20	
May		L 6214	20	
June		L 12592	20	20 B. 10 (12591) cancelled
July		L 12591	20	
Aug.		L 19635	20	
Sept.		E 26888	20	
Oct.		E 33681	20	20 260 X
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

file

M.C.

\$20.00

MAR 1 1916

*20 R
20 L - 49335 cancd M.F. 26/2/17
20 E*

20 B. 10 (12591) cancelled

*20
260
X
20
380.00 ✓*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

18/6/15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs W. Adams
Address 138 Burlington St E.
Hamilton
Out

Name of Soldier Adams Walter C.

Regtl. No.

Rank Gr.

Corps 31st Batty Sec 2

Relation to Soldier }
wife, child or mother } Wife

To what Corps belonging }
when called out }

3rd Dist Amm Co
✓
✓

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July		K 1562	28	28
Aug.		E 14044	20	20
Sept.		E 5667	20	20
Oct.		E 18042	20	20
Nov.		J 14824	20	20
Dec.		E 22553	20	20
Jan.	1916	E 25090	20	20
Feb.		E 27669	20	20
March		F 30477	20	20



Handwritten mark

0

11A

B 34C

50 1/2

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs W. Adams

wife

Name of Soldier

Adams Walter C.

PAYMENTS.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	<i>Gnr</i>	Remarks.
April	1916	F 144	20	-	20
May		H. 4581	20		20
June		A 1933	20		20
July		I 9980	20	-	20
Aug.		A 10977	20		20
Sept.		A 15111	20		20
Oct.		A 8449	20	-	20
Nov.		A 21701	20		20
Dec.		A 25081	20		20
Jan.	1917	A 28660	20		20
Feb.		A 31604	20		20
March		A 34810	20		20
April		B 246	20		20
May		B 3702	20		20
June		C 7272	20		20
July		B 11578	20		20
Aug.		le 13929	20		20
Sept.		C 17363	20		B 548 ⁰⁰ ✓
Oct.			20		T
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

CERTIFIED CORRECT.

8 AUG. 1916

CAN. RECORDS, LONDON.

Certified A.C. 2-29-16
R.S. 231216 R.C. 1/101
Fill in Only.—Unit, Number, Rank and Name.

M. W. 54
150M. 10-15.
H.Q. 1772-39-920

Casualty Form—Active Service.

Unit, Regiment or Corps *2nd Section - 3rd Can D w Amm Co.*

Regimental No. *91523* Rank *Driver* Name *Adams, Walter Charles*
C. E. F.

Enlisted (a) *Aug 6 1915* Terms of Service (a) *was 96 Mos after* Service reckons from (a) *6/8/15*

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

Extended _____ Re-engaged _____ Qualification (b) *Stationery Engineer*

War Service Badge Class "A" No. _____

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				
		<i>Embarked Canada</i>	<i>St John's N.S.</i>	<i>11/24/16</i>	
		<i>Debarked England</i>	<i>Liverpool</i>	<i>25/3/16</i>	<i>S.S. Metagama</i>
<i>13-7-16</i>	<i>3 D.A.C</i>	<i>Embarked for service overseas</i>		<i>14-7-16</i>	<i>PI 111</i> <i>Adjutant, 3rd Canadian Div. Amm. Co.</i>
		<i>Disembarked</i>	<i>Hare</i>	<i>15-7-16</i>	<i>R.R. 4182-3.15-7.16</i>
<i>11/8/17</i>	<i>oc.</i>	<i>Granted leave</i>		<i>4/8/17</i>	<i>B213 Pt. 2. 0. 121</i>
<i>18/8/17</i>	<i>Mar. Sta.</i>	<i>N.Y.D. Sick M. wh. on leave</i>		<i>18/8/17</i>	<i>W 3034 Recd 5/9/17. b.</i>
<i>15/9/17</i>	<i>oc.</i>	<i>adm. Hoop. on leave Sick</i>		<i>15/9/17</i>	<i>B213 acs. 160 22/10/17</i>
<i>25/10/17</i>	<i>Mar. Sta.</i>	<i>Remainig Marseille Sta</i>		<i>25.10/17</i>	<i>Letter R.T. 16/26677 (2)</i>
<i>29/11/17</i>	<i>do</i>	<i>Discharged Duty.</i>		<i>22/11/17</i>	" "
<i>30/11/17</i>	<i>Mar. Sta.</i>	<i>Forf. fed. acc. + is pleand. Stopp. of pay at the rate of 50 cts. per diem etc. in Hoop. from 19/8/17 to 22/11/17</i>		<i>30/11/17</i>	<i>A. 7. 0. 1643 Pt. 2. 0. 162</i>
<i>1/12/17</i>	<i>oc.</i>	<i>Rejoined Unit</i>		<i>25/11/17</i>	<i>B213</i>
<i>22/11/17</i>	<i>Mar. Sta.</i>	<i>D. D. S.</i>	<i>oc. Duty</i>	<i>22/11/17</i>	<i>W 3034</i>
<i>16/2/18</i>	<i>3 Dac</i>	<i>Awd. 1 Good Conduct Badge</i>		<i>6/8/17</i>	<i>B213. Pt. 2. 0. 117</i>
<i>9/11/18</i>	<i>do</i>	<i>Granted 14 days leave to U.K.</i>		<i>9/11/18</i>	<i>B213 Pt. 2. 0. 101</i>

(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				
29/11/18	3 rd D.A.C.	Rejoined unit		23-11-18	B. 213
15/2/19	3 rd D.A.C.	Granted 8 dys. leave to WK and proceeding of s. while on leave.		14/2/19	Auth or 3 rd D.A.C. from Roll. Ref No. 38576. - P.J. 2-19.
19/3/19	3 rd C.D.A.C.	S.O.S. on proceeding to Canada		19/3/19	<p>Attested</p> <p>Lieut. for Lt. Col., A.A.G., Canadian Section</p> <p>Pt. 2. O. 46 P/19/3/19</p> <p><i>J. Robinson</i></p> <p>PART II D. O. 9 ±</p>
MAR 19 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO			
MAR 30 1919		S.O.S. (Discharged) No. 2 Bistrict Depot, Part II, D.O. No. 94			<p><i>W. W. W.</i></p> <p>Lieut. For O. C. No. 2 District Dep.</p>

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

June 18, 1915.

Separation and Assigned Pay Branch

A

572 Mar. 1st 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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

RATE OF ASSIGNMENT

20-		
-----	--	--

124 a1
0882

Pb. 3254 Pb 2753
no 38316

PARTICULARS OF SEPARATION ALLOWANCE

No. 91523
 Rank Drw. Promoted Reverted Discharge
 Soldier's Name W. C. Adams.
 Battalion 3rd Div. Amm. Column, Sec. 2
 Beneficiary Mrs. W. C. Adams
 Relationship Wife M.F.W. 2034 31/7/18
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs. W. C. Adams (Wife)
 Address 138 Burlington St. E.
 Change of Address Hamilton, Ont.
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sep 30 17		548	380	928	
Oct B	50573	20	20	40	
Nov	52273 B	20	20	40	
Dec	57859 B	20	20	40	
Jan 18	64306 B	30	20	50	
Feb	90545 B	25	20	45	
Mar	97770 G	25	20	45	
Apr	7542 G	25	20	45	
May	10469 F	25	20	45	
June	13406 B	25	20	45	
July	26360 V	25	20	45	
AUG	28836 F	25	20	45	
SEP	35447 F	25	20	45	
OCT	42071 F	25	20	45	
NOV	50173 F	25	20	45	
DEC	62360 F	45	20	65	
JAN	69615 B	30	20	50	
FEB	76765 F	30	20	50	
MAR	82552 D	30	20	50	
APR		1023	740		

099-W-22

M.F.W. 2034 OK. Pb 211118

Ac Closed 31/3/19
 Ret'd per... Bedrie
 Date 27/3/19 M.F.W. 187
 Clerk M.D. 2 Gollins MRO 88325

M. F. W. 128
400M-6-17-1772-39-1141
L. L. 22320-M. & D. 7583.

AUDITED.



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

.ADAMS.

W.C.

91523

RANK

UNIT

Co.

TROOP

BATTY.

Dvr.
HOSPITAL

C.A.(3DAC)

DATE OF ADMISSION

Marseilles. Stat.

18-8-17.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

n.y.d. 202

V.O.S. He

2.

A.M.D. 2 DEPT.

3.

Beh. of D.G.M.S. O M F C London.

DISPOSITION

Q.L. 29³/₄8-17. A24(4)

Dec. 22-11-17

DATE

30-11-17 A 104-5.

REMARKS

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

No. 91423
91523 Jul. Paylist

RANK *Pte.*

NAME *Adams Walter*

T. O. S.

UNIT *8th Brigade 31st Battery C. S. A.*

M. D. *2.*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1915 June 18</i>	<i>1915 June 30</i>	<i>✓</i>		
	<i>Jul</i>	<i>✓</i>		
	<i>Aug</i>	<i>✓</i>		
	<i>Sep.</i>	<i>✓</i>		
	<i>Oct.</i>	<i>✓</i>		
	<i>Nov.</i>	<i>✓</i>	<i>10 days det.</i>	<i>D. O. 22, 22-11-15.</i>
<i>Dec 1</i>	<i>Dec 22</i>	<i>✓</i>		
<i>Dec 23</i>	<i>Dec 31</i>	<i>✓</i>	<i>transfd to Div. Amm. Col.</i>	<i>D. O. 23, 23-12-15.</i>



NAME

Adams, W. C.

REGT'L No.

91523.

H. Q. FILE No. 649.

RANK AND CORPS

ser. Can. Arty.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 24⁽⁴⁾ Marseilles Stat.
Marseilles

18-8-17

G. Y. D.

22-11-17

Diso

No. 91523 RANK Pte.

NAME Adams W. C

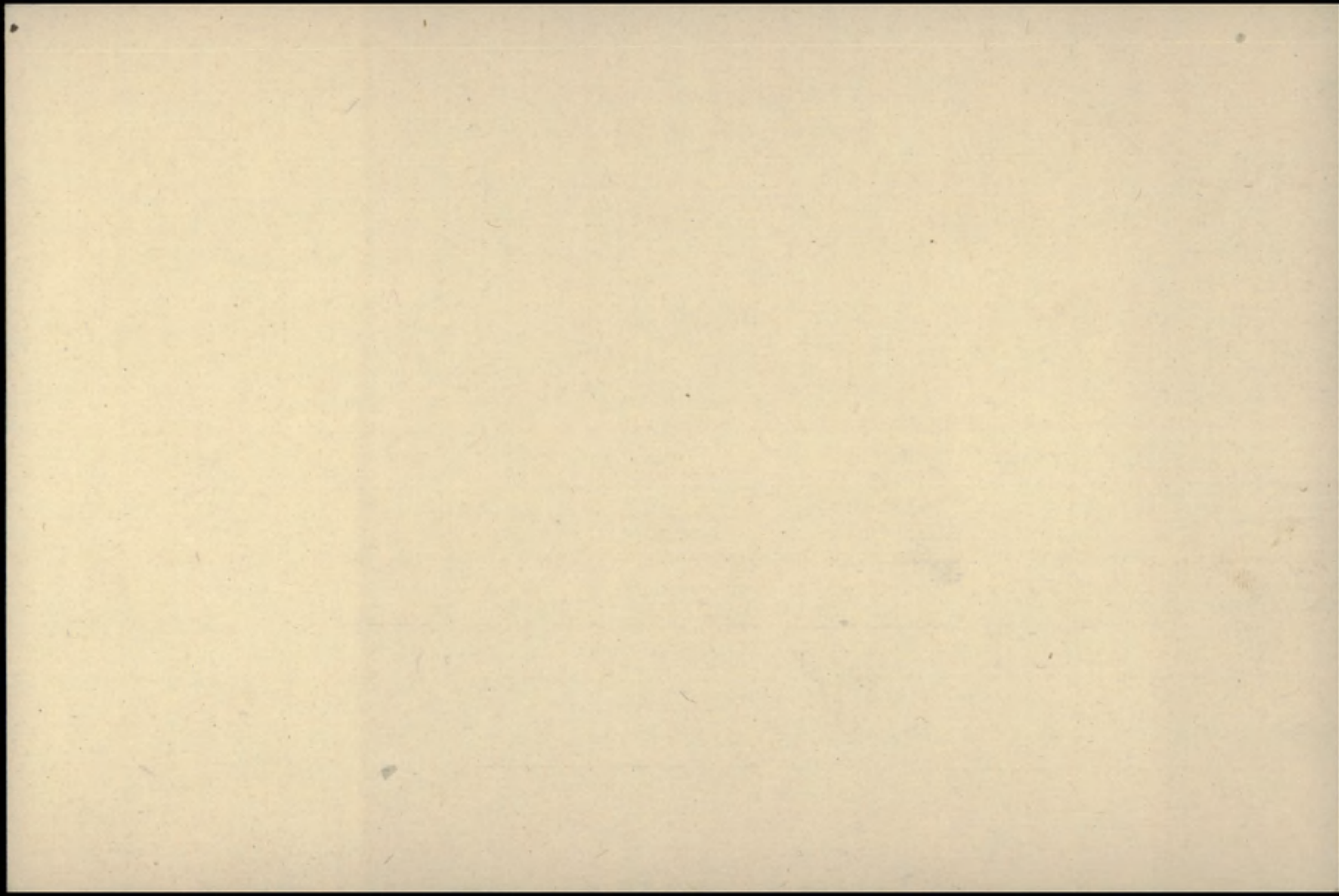
T.O.S.

Transfer from 31st Bty.
1-1-16 DO 1-1-16

UNIT 3rd Div. Ammunition Column. C.F.A.

M. D. 2

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916 Jan 1	1916 Jan 31		a.w.d. 28-1-16	DO 28-28-1-16
Feb.				



SURNAME.

Adams

CHRISTIAN NAMES

Walter Charles

REGL. NO. *91523*

RANK *Gnr.*

UNIT

31st. Baty. No. 2 Sect. 3rd. Div. Armn. Col.

FORMER CORPS

Nil.

CARD NO.

538X

Soldier's Band 30-3-19

FOLL.

20.9474-4-19

2NA

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Adams, Mrs. W. C.

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

*138 Burlington St. East,
Hamilton, Ont.*

COUNTRY OF BIRTH

Ireland, Belfast

DATE

Feb. 26th., 1892

PLACE OF ATTESTATION

Niagara

DATE

Aug. 6th., 1915.

Transf from 31st. Baty. to #2 Sect. 3rd.

*Div. Armn. Col. Auth. N. P. 22/2/16.
No 27-3-19292*

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Stationary Engineer

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

23

YEARS

4

MONTHS

HEIGHT

5

FEET

8 1/2

INCHES

CHEST MEASUREMENT

35 1/2

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Dark

DISTINGUISHING MARKS

Four tattoo marks on right + five on left arm.

MEDICAL EXAMINATION.

PLACE

Not stated

DATE

ASSIGNED PAY: ENGLAND or CANADA.
 EFFECTIVE DATE: 1. 3. '16.
 AMOUNT: 20.00

NAME: ADAMS, WALTER, CHARLES.
 NUMBER: 91523.
 PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY: Mrs W.C. Adams (Wife)
 138 Burlington St. E.
 Hamilton Ont.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		20 th

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS: 2868 Cooling AR 517. H.C.C.C. 9.73.

UNIT AND TRANSFERS

ORIGINAL UNIT: 3rd D.A.C.

DATE ACCOUNT FIRST OPENED: -

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
WR.	1/6/18	19/6/18	C.R.A. 3 rd D.A.C.

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: Debit Can 22/19, AR 2020 Bramshott 1/12/19, K Bishop A. 8.67.

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Apr	Gr P.	33		AR				20	17 08		
May	Gr P.	33 3410		AR 22 15.4 3 Dac 3 57 Cap. 25/4/18 3 Dac 4 46 AR 67 15/5/18 3 Dac 3 57	3 57 4 46 3 57			20 20	26 51 32 58 Nil		
June	Gr P.	33 3410		AR 192 3 Dac 15 6 DAR 143 30 5	3 57 4 46			20 20	37 55 Nil		
July		33 3410		AR 287 3 Dac 17 7	3 57			20	48 08		
Aug		33 3410		336 4 8 390 18 8	3 57 3 57			20	55 04		
Sept		33 38		AR 458 4/9 " 514 18/9 A.P.	3 57 3 57			20	60 90		
Oct	Gr P.	33 3410		AR 581 3 Dac 15/10/18 7 46 683 " 28/10/18 3 73	7 46 3 73			20	75 00 63 81		

Forward

NUMBER 91523 RANK but NAME ADAMS Walter Charles

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918									63.81		
Nov	but P	33		CP				20			
see	"	3410		748 2 Bal 4/11/18	933				1050		
Jan	"	3410		261 " 4/11/18	5840						
				CP				20			
				980 " 4/12/18	746				2982		
				CP				20			
		10170			7519			60			
July	but P	3080		B.A.P.				20	4062		
				1216 " 7/1	373						
				1057 " 19/2	746						
				1416 " 1/4	273						
				CP 34016 " 12/4	1703				867		
				357 Decc 24/4	973				106		
				5730 G. Bram " 1/3	973				1079		
		3080			5141			20			

unable to check acct owing to page missing.

see can 2/3 of 29 in 02

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.)

V.D.S. Wasserman negative 12-3-19

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.)

Soldier young man well developed & well nourished
Heart & Lungs - normal
Urine examination - normal
Digestive System - normal
Other systems except vision normal (eye up to you below)
Wasserman negative 12-3-19 (Can see Lab Witley)
No open lesions no enlarged glands or other signs
of venereal disease now

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

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

W. Lile in France on August 17 soldier exposed him self to infection. He was admitted to Marseilles Stationary Hosp. On casualty form he is marked as having had V.D.S. but soldier says he was suffering from G.C. only. The only treatment he got was irrigation and some medicine to take by mouth. Says he had no intravenous or intra muscular treatment.

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).)

In hospital in July 1915 for operation for varicose veins left leg

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

no deformity or disability

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

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

No

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Wasserman negative - no sign of venereal disease now

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

Irrigation and medicine by mouth (Soldier's statement)

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

that he be dealt with on arrival in Canada in accordance with P.C.O. 47 of 20-1-19

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

17. Recommendations

n.a.

R. K. Tomlinson Capt. C.M.C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, 91523 Priv Adams W.C. 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 the blood test I had on March 12. 1919 was the first I ever had. I did not have syphilis & did not receive treatment for this condition

W. C. Adams Rank. Wraiser 915 Adams Rank. Signature of invalid examined.

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 (M.F.W. 54).
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 (D.M.S. 1375).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.W. 218a).
8. Discharge Certificate (M.F.W. 44) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (D.S.).
11. Equipment and Clothing Statement (M.F.W. 2).
12. Copy of Discharge Certificate & Duplicate
13. M.F.W. 129
14. War Service Badge (Form M.F.W. 2595).
15. Summary of Service

Group.....13
 Checked by No.....10
 Date.....18-5-19

War Service Badge
 Class "A" No. 156456
 PA-# Jk
 04-13

PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1. No.	915273	
2. Rank.	Orv	
3. Name.	Adams Walter Charles.	
4. Unit.	3rd Cooc	
5. Date of Discharge	MAR 30 1919	Place Hamilton Ont
6. Reason for Discharge	Demobilization	
7. Authority.	No. 2 District Depot, Part II, D.O. No. 94	
8. Proposed Residence after Discharge	138 Buckingham St. East. Hamilton Ont	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.		
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate		
M. F. W. ?		
		Walter Charles Adams.
		Signature of Soldier.
10. CONFIRMATION.		
The discharge of the above named man is hereby confirmed.		
Place	HAMILTON, ONT.	
Date	MAR 30 1919	
		J. C. U. 13-11-1920
Signature		J. C. U.
		(O. C. Discharging Unit.) For
		O. C. No. 2 District Depot.