DOCUMENTS

NAME Adams. William (82) REGT. NO. 2388422 UNIT 18th Res H. Q. FILE NO. 1947 (H)

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
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3	TRAINING HISTORY SHEET (M.F.W. 113) R Skeet					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) 1					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) 1					
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2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) 2		(H)			
1	DENTAL HISTORY SHEET (M.F.B. 465) 2					DISCHARGE
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1	MEDICAL EXAMINATION (M.F.W. 129) 1					Dead
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
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1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) 1					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	GAD B5 0091					
2	G23 Daily Sheets					
1	R 1149					
1	Uniform					
1	Pay					
	[AF D123					
	[AFB 184					
1	Bruce					
1	R 122					

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

ORIGINAL

No. 10 M. D. 1st Depot Battalion Manitoba Regiment

Regtl. No. 2381192

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname Adams
2. Christian name William
3. Present address Swan Lake P.O., Manitoba, Canada
4. Military Service Act letter and number 533277JC
5. Date of birth 23rd July 1887
6. Place of birth Cherrywood, Ontario, Canada
   (town, township or county and country)
7. Married, widower or single Single
8. Religion Presbyterian
9. Trade or calling Farmer
10. Name of next-of-kin John Wesley Adams
11. Relationship of next-of-kin Father
12. Address of next-of-kin Swan Lake P.O., Manitoba, Canada W.S.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any None
15. Medical Examination under Military Service Act:—

(a) Place Winnipeg, Canada (b) Date 27th November 1917 (c) Category A2

DECLARATION OF RECRUIT

I, William Adams, do solemnly declare that the above particulars refer to me, and are true.

William Adams. (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	30	yrs.	4	mths.
Height	5	ft.	11	ins.
Chest measurement	fully expanded	37		ins.
	range of expansion	4		ins.
Complexion	Ruddy			
Eyes	Hazel			
Hair	Black			

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

Scar side of left hand

W. R. Wood Major for
Commanding, 1st Depot Battalion Manitoba Regiment
O. C. Depot Btln.

Regt.

Place Winnipeg, Canada Date 14th March 1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

REP. 14/3/18

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

14069/6

WSB. CLASS B.

THIS IS TO CERTIFY that No. 2381192. (Rank) Pte.

Name (in full) William Adams. enlisted in

the 1st Dept. Batt.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the Fourteenth

day of March 1918.

HE served in 18th Can Res. Batt. in England.

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

Demobilization R.O. 1420

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

Age 31

Height 6' 0"

Complexion Ruddy.

Eyes Brown

Hair Black.

W Adams

Signature of Soldier.

Marks or Scars old scar back of left hand

C/ Brabo Lieut

Issuing Officer.

Lieut

Rank

Date 24-6- 1919

Date of Discharge

Dispersal Station "M" JUN 24 1919 Military District No. 10

N B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL OTTAWA, CANADA.

M.F.B. 39A.

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

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

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

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps Man Regt (6th draft) Military Hospital Bramshott

No. 238192 Rank and Name Pte Adams W Age 31 Service 3/12

Disease Mumps Date of admission 10.8.18 Date of discharge 2.9.18 Result Recovered

Dates of Observation

Days of Disease

Temperature, Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature R. S. Bodle Capt. In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature, Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature_____ In charge of case.

NOV 29 1917

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

S ✓ 23/78

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Adams Christian name William

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 533277 J6

3. Consecutive number on schedule of men reporting for service (if he appears on it) 78

4. Address (including street and number, if any) Swan Lake Man.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 27 day of Nov 1917, by the undersigned medical board sitting at Fort Garry

5. Age as stated 30 Years 4 Months. 6. Apparent age ____ Years ____ Months

7. Height 5 Feet 11 Inches. 8. Weight 143 Pounds.

9. Chest measurement { Minimum 33 Ins. / Maximum 37 Ins. } 10. Complexion Ruddy { Eyes Haze / Hair Blk }

11. Physical development. { Good / Fair / Poor } 12. Smallpox marks ____

13. Number of vaccination marks { Right arm ____ / Left arm lit } 14. When vaccinated last ____

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

Scar scab of left hand

16. Slight defects but not sufficient to cause rejection ____

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [A2]

Capt and Adjt

President.

Member. *Member.*

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
26/2/18		M.O.	6/3/18		M.O.
		M.O.	23/3/18		M.O.
		M.O.	26/3/18		M.O.

Joined 14th *day of* March 1918 *191* *at* Winnipeg, Canada

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment		2381192		14.3.18
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N. B.—This sheet is 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.

Signature of Man

V R 20/30
V L 20/20
H R h
H L h

Ctd. to Schedule by 2/3/11

Farmer

Surname Adams Christian Name W 2233 aE

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

ORIGINAL. ~~Army Form B. 178~~

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

MEDICAL HISTORY OF

3-M.

Surname ADAMS. *Christian Name* William

TABLE I.—General Table.

Birthplace { Parish Cherrywood / County Ontario. Canada

Examined { on 27th day of ~~March~~ November 1918, at Winnipeg Man.

Declared Age 30 years 4 mths days.

Trade or Occupation Farmer

Height 5 feet 11 inches

Weight ... lbs.

Chest Measurement { Girth when fully Expanded 37 inches / Range of Expansion 4 inches

Physical Development Good

Vaccination Marks { Arm ... RIGHT. ... LEFT. / Number ...

When Vaccinated ...

Vision { R.E.—V = ... / L.E —V = ...

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

...

...

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

...

...

Approved by ...

Rank ...

Medical Officer.

Enlisted { at Winnipeg Man. / on 14th March 1918 day of ...191...

	Corps.	Regtl. No.
Joined on enlistment	1st Depot Battn	238119
Transferred to		

Became non-effective by ...

...

on ... day of ...191...

(*Signature*) ...

(*Rank*) ...

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

Date.	Brief Details and Signature
26/3/18	
19/3/18	

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Victoria Barracks	10	8	18	2	9	18	Mumps	24	Bro to Sanatorium Recovered Draft A.	Capt Cdte RAMC

Forms
I. 1237
11

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
6173	2381192	Pte	Adams	W
Year 1918	Unit. Man. Regt. (65 Draft)		Age. 31	Service. 5/12

Station and Date.	Disease Mumps
Bramshott 10.9.18	Reported sick. 10/9/18 c pain and swelling at angles of both jaws. Thought previously noticed a certain stiffness about the jaws. did not feel ill.
	Prev. Illness. Immediate Nothing otherwise worthy
	Exam. Bilateral swelling tenderness of Parotid glands. Rt submax palpable but not tender. Left gland not palpable several palpable glands in Post △ Triangle with tender. no genital involvement
7.9.18	Recovered No Complications Discharged Duties

* 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.
[1185] W11203/M1150 50m 12/16v 5 89 Forms/I. 1237/12

P.T.O.

Station and Date.	

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT 10

NAME OF SOLDIER Adamson RANK Pte No. 238119

REGIMENT 193 M

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1918.										1/16.											To Edtz
Upper	13.																			F. Lawson	10.	Can. 1.3.13. 19.30.
Lower	13.										1/12.									J. McCarton	10.	

M.F.B. 465
2/018, 1-17
1772-39 950

DENTAL HISTORY

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 18th Res RANK Pte No. 2381192

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

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 12
2. EXTRACTIONS 1 19
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 Yes
- (b) In England Yes
- (c) In France

Signature of Dental Officer [signature]

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

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

No. 218119 Rank Pte Surname Adams

(Given name in full) William

Unit or Corps 12th Res Birthplace Cherrywood Ontario

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

1. GENERAL DESCRIPTION:

Physique good Weight 156 lbs. Height 6 ft. 0 in. Colour of Eyes brown

Nutrition good

Pulse 66

Condition of arteries normal

Vision Rt. 20 Left 20

Hearing (conversational voice) Rt. 2/ ft.

Left 2/ ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

old scar back of left hand

Opinion as to general health and physical condition healthy

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

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of Mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

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

12 C.G Bronchitis 10-8-18 = 2-9-18 recovered.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ~~Aldershot~~ (Overseas)

Date ~~May 20th 19~~ Signed ~~J. McLeach Lt~~ M.O.

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

Signature ~~A Adams~~

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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

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

Signature .....

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

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

FORM OF WILL.

I, William Adams (Name in full)

Regimental Number 2381192 serving in 1st. DEPOT BATTALION, MANITOBA REGIMENT.

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

Private will in possession of
William Muir (Notary Public)
Swan Lake P.O., Manitoba, Canada

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

absolutely, and my personal estate I bequeath to

Private will in possession of
William Muir (Notary Public)
Swan Lake P.O., Manitoba, Canada

Name and Address of person or persons to receive personal estate* *(See note).*

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

this 14th day of March. A. D. 191 8

William Adams Signature of Soldier.

*N.B.—Personal estate includes ~~max, offices, money, in bank, insurance policy, in fact~~ everything except real estate.

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness H. R. Sigurdson
Address of Witness Hqrs. to. Barracks. Winnipeg Canada.
Occupation of Witness Soldier.
Signature of Second Witness G A. Cooper
Address of Witness R R No 4 Grandview Manitoba Canada
Occupation of Witness Soldier ~~Actor Lonon~~

M. F. W. 82
500M-5-16.
1772-39-983.

A-761

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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

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

1. Christian names William 2. Surname Adams

3. Rank Pte 4. Original Unit 65th Draft 5. Reg. No. 238192

6. Address, in full, to which future payments of gratuity are to be forwarded Bank of Hamilton Swan Lake Manitoba

7. Date of enlistment in the C.E.F. March 13th 1918 ✓

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:—

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

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

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served Arrived in Eng. 22 July 1918 18 Res until returning

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department not Applicable

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? not applicable

5434. Wt. /20P. 250,000(8). 2/19. S.O.,F.Rd.
6234. Wt. P49. 25,000(4). 4/19. S.O.,F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. Not applicable

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 Not applicable

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

21. Have you, during the present war, served in the Imperial Forces? Not applicable

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? Not applicable

(b) If so, was such reversion in consequence of misconduct or inefficiency? Not applicable

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge June 24th 1919. (b) Reason for discharge

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

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

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

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

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

Signature of Applicant: H. Adams

Place of Residence: Swan Lake Man

Declared before me at: Seaford

This 26 day of May 19 19

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

C. Williamson

QUESTIONS Nos. 13, 18, 14, 20, 24, 25, 26 and 27 HAVE NOT BEEN ANSWERED.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			280 00/x	
			70 00/x	210 00/x

Certified Correct

District Paymaster.

Report No._____ Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name } 2581192 Pte Adams W Age____ Corps Man Reg

Disease Mumps Hospital Bramshott

To Officer i/c Laboratory. Ward Army 17

Please carry out an examination of the accompanying specimen of Urine

with special regard to Examination

Nos. of previous Reports (if any)_____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 10.8.18 _____

O. i/c Ward.

LABORATORY REPORT.

React acid Sp gr 1012
Alb neg Sugar neg

Date of Examination 11/8/18 A. Montgomery Capt

O. i/c Laboratory.

(S.O. 1452.) W. 5750/P821. 6,000 Bks. 3/18.—McC. & Co., Ltd., Ldn.—

11/3/18

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-32-9-'0.

Casualty Form—Active Service.

Unit, Regiment or Corps ..... 1st. DEPOT BATTALION, MANITOBA REGIMENT.

Regimental No. 2381192 Rank PRIVATE C. E. F. Name Adam's William

Enlisted (a) 14.3.18 Terms of Service (a) ~~C.E.F.~~ Dft'r Service reckons from (a) 14.3.18

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) .. CIVIL Farmer MILITARY

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	6.7.18	H. M. S.
		Arrived	London	22.7.18	"Princess"
13.8.18	O.C. 18th Res. Batt'n	Taken on Strength on arrival from Canada.	SEAFORD.	22.7.18.	Pt. 2. D.O. 231.
24.10.18	18th Res. Bn	To be a/L. Corpl. with pay whilst at C.T.S. Bexhill	"	26.10.18	Part II D.O. 297.
18.11.18	do	By Command C.T.S. Bexhill	Seaford	18.11.18	Pt II D.O. 322. L.R. Plumbly. Captain, Asst. Adj, 18th. Can. Res. Batt.
19.11.18	C.T.S.	Attd. C.T.S. from 18th. Res.	Bexhill	18.11.18	D.O. 272.
11.12.18	"	Ceases above	"	11.12.18	" 297 H. Winslow Capt for Asst. Adjutant, Canadian Training School.

(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				
11.12.18	18th C.R.B.	Ceases Command & C.T.S. Bexhill	Seaford	11.12.18	Pt. 2. Orders. 345.
16.12.18	Do	Reverts to Pte. on completion of Course. C.T.S. Bexhill	"	28.11.18	Pt. 2 Orders. 350
JUN 14 1919	18th Res.	S.O.S. of O.M.F.C. on transfer to C.E.F. in Canada.	SEAFORD.	JUN 14 1919.	Part 11 D.O. No. 165

W26 Capt ADJUTANT,
18th CANADIAN RESERVE BATTALION.

14.6.19 ..... T.O.S. Dispersal Station 20 Pa 179. 2 M

and Dispersed 24-6-19 do. 3

H.B. 1+1QU1771

H.M.S. "D"+SOUTHAMPTON, 14. 6. 19

DISEMB "D"+HALIFAX, 20, 6-19

H. C. Patton Lieut.
for O. C. 10 District Depot.

Form R 122.
10287—65M—28-7-17.

LTR Rank 65th Dft 1st Bn. Name ADAMS, William Reg'l No. 2381192

Unit Man, Regt. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Winnipeg, 14th March, 1918. Place of Birth Cherrywood Ont. Can

Name and Address, Next-of-Kin John Wesley Adams

Swan Lake P.O. Manitoba Canada Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E R B No.
File R L. 24556
Category 6RC

Discharge, Date and Place Reason Character

Report. Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place	Date.	REMARKS Taken from Official Documents
		Emb City of. Vienna 28 6 18				
		Re-emb Thorgwa 10 / 18				
		Arrived in England			22.7.18	
19.7.18	18th Res Bn	T. on S. from Canada	Pte	Seaford	22.7.18	P of H p. 231
24-10-18	—"—	To be a/L/Cpl with pay	"	—"—	26-10-18	P.O. 297.
19.11.18	18th Res	On Com C T S Buckhill	"	—"—	18.11.18	P. II 323
16 12 18	—"—	Reverts to Rank	"	—"—	28.11.18	P. II 350
14 6 19	18 Res	S O S to Canada		Seaford	14 6 19	DO 165

To Canada 14-6-19, 85. M. 248

2381192. Adams. W.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.						
					6		

Form DMS 1401.

No 12 CAN. GENERAL HOSPITAL.

HOSPITAL.

A. & D. CARD

AT .....

A. & D. No. 673 PL. OF ACTION 1 Draft

RANK Pte REG. No. 238 1192 UNIT 1 Can Regt 65th SICK OR WOUNDED

NAME Adams W AGE 31 RELIGION 1 Pres

PLACE IN HOSPITAL Annex

DIAGNOSIS Mumps

ADMITTED 1 D. T. 1 FROM

DISCHARGED TO

TRANSFERRED

SERVICE AT HOME 5/12 IN FIELD

RESULTS 3/5-2.

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

P.T.O.

REMARKS.

Form R. 149.

Name ADAMS, William Rank Pte. Reg. No. 2381192.

Unit 18th Rifles Bn.

Next of Kin Canada.

Date 1918.		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
11	8.	12 Can Hsp.	Bramshott	Mumps.		C 291		23750.
2	9	Discharged		do		C 308		7746
						N/K 30-9-18		

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

SURNAME. Adams

CHRISTIAN NAMES William

REGL. No. 238 1192 RANK Pte.

UNIT Man. Regt. 1st. Dpo. Bn.

FORMER CORPS Nil.

CARD NO. 4

1. M.

Sol Dis Demob 24-6-19

FOLL. D.O. 179 of 28-6-19

1 0 2 5

T. O. S. Mar. 13. 1918.

D.O. Part II No. 72.

NEXT OF KIN.

NAMES IN FULL Adams, John Wesley

RELATIONSHIP TO SOLDIER Father

ADDRESS Swan Lake P.O. Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Cherrywood, DATE July 23rd. 1887

PLACE OF ATTESTATION Winnipeg Man. DATE Mar. 14th. 1918

O/P 11-7-18 1816

R/C 20-6-1935 90 Pte

L. L. 25989. M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

REGT'L. No. 238 1192

NAME Adams, W.

H. Q. FILE No 649

RANK AND CORPS Pte. (18R) Man

FOLLOWS NO. Regt

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY

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

M. F. W. 42—100M.—23-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C291.	12/Can Gen: Brame	10-8-18 11-8-18	Mumps
C308.	12 " " "	2-9-18.	" Disc.

D.M.S. 1300-50M-21-11-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
ADAMS.	W.	2381192.

RANK	UNIT	CO.	TROOP	BATTY
Pte.	Man. 18R.			

HOSPITAL — DATE OF ADMISSION

12. C.G.H. B'shott. — 11-8-18.

1. ..... HOSP. .....

2. ..... HOSP. .....

3. ..... HOSP. .....

4. ..... HOSP. .....

DIAGNOSIS — Mumps. I

1.

2.

3.

DISPOSITION — DATE

C.L 15-8-18. C291. — Mis. 2.9.18.

3.9.18 63080 D

REMARKS

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

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (A.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (A.F.B. 227 or A.F.W. 129)
5. Dental Certificate (A.F.B. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)),
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Universal Certificate (C.D. 3).
11. Equipment } Statement Q.M.G. Form (D.O.S. 2).
    Clothing }
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group ..... A

Checked by No. 27

20 JUN 1919

Date .....

W. S. B. Class. B. No. 14069

M

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

H.M.T. AQUITANIA
I.A.D.C. SOUTHAMPTON, 14. 6. 19
DISEMB. HALIFAX, 20. 6. 19

1. No. 238192
2. Rank. Pte.
3. Name. Adams. William.
4. Unit. Man. Reg. 18th Res. Bn.
5. Date of Discharge 24-6-19. Place Winnipeg
6. Reason for Discharge Demob.

M.10.

OCCUPATIONAL GROUP.

7. Authority. DO 179
8. Proposed Residence after Discharge

P.O. Swan Lake. Manitoba.

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. ?

W Adams

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Dispersal Station "M" JUN 24 1919 Military District No. 10

Place

Date

Signature C. G. Brad Lieut.

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

A. 361

M. OR S.

AQUITANIA

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

AUDITOR 2000 | PAYMASTER 52

REGT. No 2381192 RANK Pte NAME (IN FULL) ADAMS, W

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

24

ORIGINAL UNIT C.E.F. 1stDBMR — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO Dis Str. M — DATE JUN 14 1919 — AUTHORITY D.O.179

DATE OF ATTESTATION 13. 3. 18 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Bank of Hamilton, Swan Lake Man.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE M.D. 10 — DATE JUN 24 1919 — REASON D — AUTHORITY D.O.179 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. No. 1 NO.	DATE	COL. No. 2 NO.	DATE	COL. No. 3 NO.	DATE	CASH PAYMENTS COL. No. 1 $	C.	COL. No. 2 $	C.	COL. No. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							196	93	196	93																									196	93	To BAL. ENG. L P C.
166 4/7/19	34	1c	37	40	35 70	-			142	40					10719				487 5 00		329	46									339	33					H. 7. 19 Clothing Allce. 1st payment W.S.G. Allowances - Boat - Train A.P. chgd. on Eng. L. P. C. a/c
1 122 days @ 1/min July 19			W.S.G. 280	00					280	00													W.S.G. 70 - 794 006 Cl. 24 1219 88 Sep 24 1242 33					11	00					Soldiers Aid 199 00 129 - 59		Nil		D. 11.00 Grad Ist Pym W.S.G. 70 2nd 70 3rd 59 Final
					280																		269				11	00			280						
																																					a/c Closed

AUDITED SEP 8 1919

200M-3-19.—L. ... 58785-... & D. 9983.
M. F. W. 2596.
1772-39-1390.

P 820
12474—375M—13-2-18.

Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	AMOUNT:–
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	

NAME:– Adams William

NUMBER:– 2381192.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.R.C. Canada	16.6.18.	Pte.
D.O. 297. 24/9/18. 18 Res.	26/10/18	A/L/Cpl. with pay
" 350 16/11/18 ✓	28/11/18	Private

UNIT AND TRANSFERS

ORIGINAL UNIT:– Draft 65. 1 D.R. Man Cyf.

DATE ACCOUNT FIRST OPENED:– 16.6.18.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			18th Res

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
22.5.19	1072		38 93				
				Ledger Bk Bal			235 86
				CRO – –			196 93

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 "	10		
	1 ~~0~~	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Dis to Can 31/5/19 E9658 Seaford 26/5/19 Seaford (MD10)

MONTH 1918.	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
June 15	Bal from Canada								115		
Aug.	P.P. 16/6 18. 31. 8. 18 77 days.	84 70		AR 2278 29/7/18 Frensham	4 87						
				" 2 No 4 Tabs	5 –				86 33	38	
		84 70			9 87						
SEP		33 –		" 1658 26/9/18 18 Res	14 60				104 73	53	
		33			14 60						
Oct.	P.P. 25 days (27.50) 4/c. P. 6 days (6.90)	34 40		" 1798 8/10/18 18 Res	24 33						
				" 2042 25/10/18 "	24 33				90 47	68.	
		34 40			48 66						
Nov.	4/c. P.	R. ~~35 55~~ 34 50		AR 3787. 29/11 C.F.S.	9 73						
				O/Cr. 25/11/18 – 30/11/18 = 3 days = 5d	~~15~~ . 15						
Dec	P.P.	34 10							~~180~~ 29 5		
Jan		34 10							~~168~~ 114 5		
		102 70			9 73 . 15				183 79	115	
Feb. 8 March	PTE PAY	64 90		AR 3136 18 Res 9. 1. 19	14 60				64 90		
				✓ 3504. ✓ 29. 1. 19	14 60				248 19		
				✓ 3803 ✓ 25. 2. 19	14 72				43 92		
				4456 ✓ 21. 3. 19	14 60				204 27		
		64 90			58 52				189 67	145	

NUMBER 2381192 RANK NAME ADAMS. W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS			DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Brt Fwd							189 6/	145	
April & May	Pte	67 10		110	18 Reserve	7.4.19.	9 73						
	Cr Note 128. Claim for Loss of Kit re SS Drena			592	✓	28 ✓	7 30						
	Auth S on 5 Letter 13.3.19. on file		6 60	800	✓	12.5.19	14 60						
	Int on Dep Pay	4 12					31 63				235 86	175	
		71 22	6 60				31 63						
June				AR 1042 22/5/19 18 Res			3893				19693		
							3893						

10 Manado 14/6/19 Thrift 85 78 Res