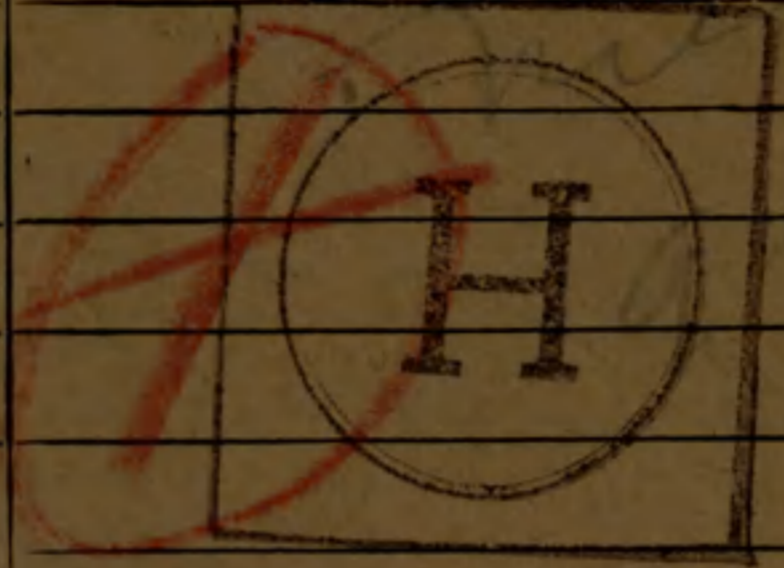
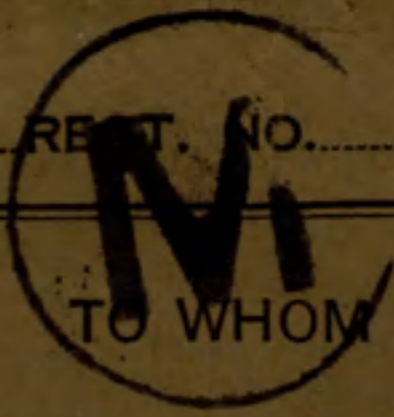
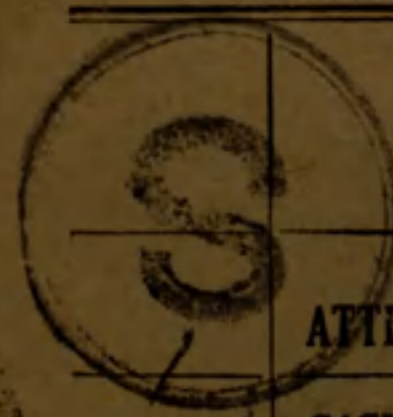
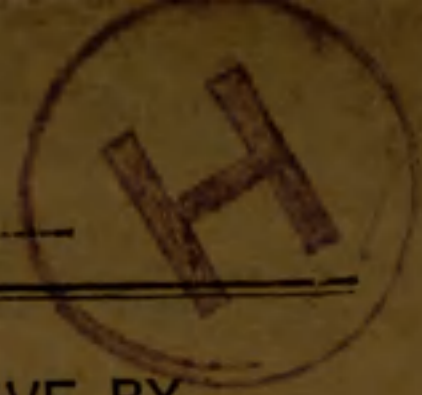


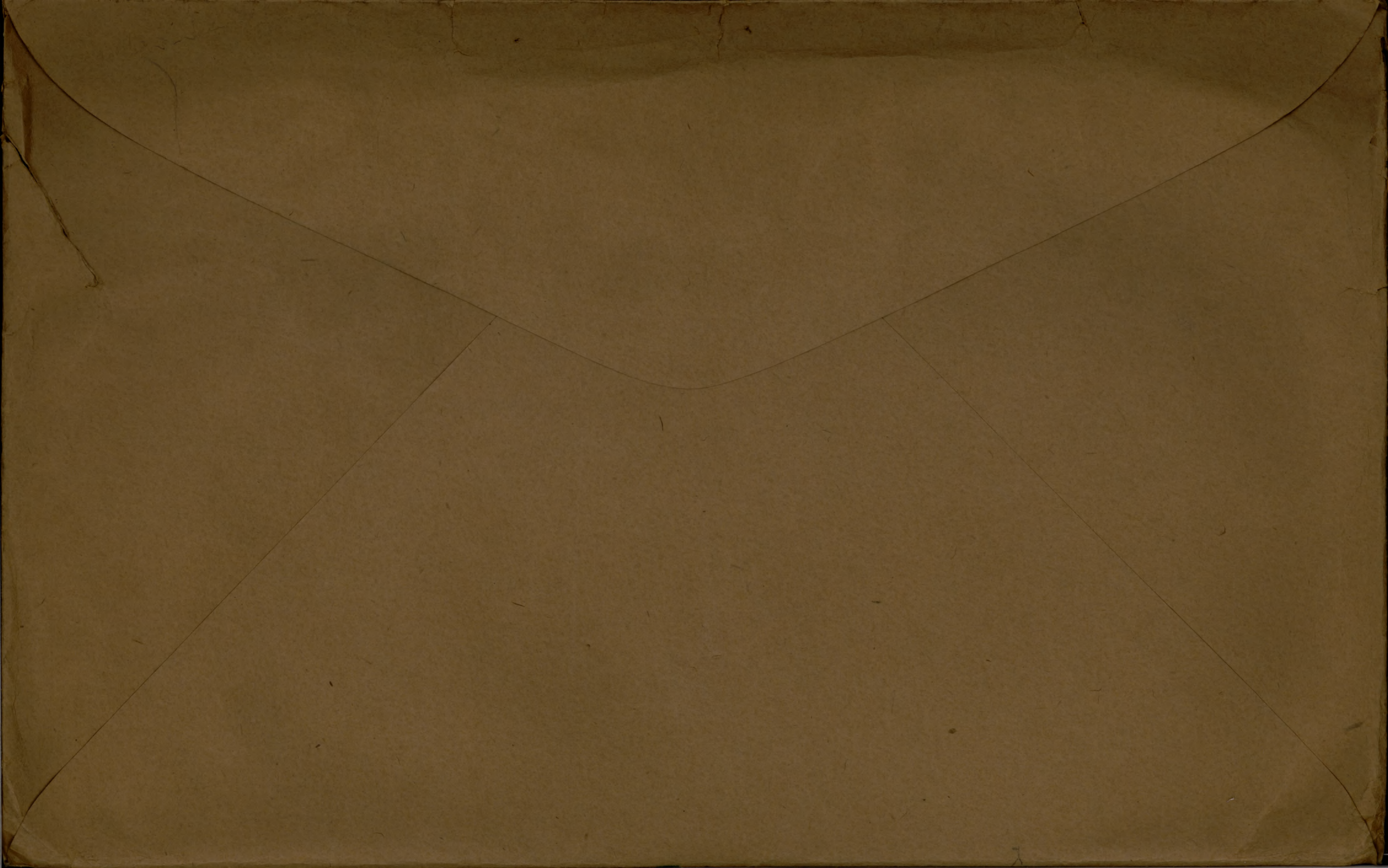
REGIMENTAL DOCUMENTS

*msc*

NAME ADAMS WILLIAM QUINCY REGT. NO. 102 UNIT L.S.H. H. Q. FILE NO. 2001



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51) <i>3</i>					DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1 TRAINING HISTORY SHEET (M.F.W. 113) <i>Request</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)					
4 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) <i>3</i>					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) <i>2</i>					<i>Com in R.F.C</i>
1 MEDICAL EXAMINATION (M.F.W. 129)					
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1 LAST PAY CERTIFICATE (M.F.W. 44)					
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)					
<i>Pay sheets</i>					
<i>2 x 50 F 51237</i>					
<i>1 126</i>					
<i>1 127 117</i>					
<i>3 Med Bd</i>					
<i>1 03 7481375</i>					
<i>1 111</i>					



ORIGINAL

# ATTESTATION PAPER

No.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

- 1. What is your name? William Quincy Adams
- 2. In what Town, Township, or Parish, and in what Country were you born? Edinburgh, N. Dakota, U.S.A.
- 3. What is the name of your next-of-kin? Geo. E. Adams (Father)
- 4. What is the address of your next-of-kin? Crystal City, Manitoba, Canada.
- 5. What is the date of your birth? 6 - 9 - 1893
- 6. What is your trade or calling? Student
- 7. Are you married? No
- 8. Are you willing to be vaccinated or re-vaccinated? Yes
- 9. Do you now belong to the Active Militia? No
- 10. Have you ever served in any Military Force?  
If so, state particulars of former Service. No
- 11. Do you understand the nature and terms of your engagement? Yes
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

W. Q. Adams (Signature of Man.)  
P. J. Wade (Signature of Witness.)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date June 23rd 1915.  
W. Q. Adams (Signature of Recruit.)  
P. J. Wade (Signature of Witness.)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Quincy 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 June 23rd 1915.  
W. Q. Adams (Signature of Recruit.)  
P. J. Wade (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 Crystal City, Manitoba, Canada this 23rd day of June 1915.

Charles Phillips (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.  
W. H. Mansfield  
 Commanding Depot Squadron. (Approving Officer.)  
 L.S.H. (R.C.)

**DESCRIPTION OF William Quincy Adams ON ENLISTMENT.**

Apparent Age 9 years 9 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 9 ft.      ins.

Chest measurement { Girth when fully expanded 41 ins.  
 Range of expansion 3 ins.

Complexion Dank

Eyes Gray

Hair Dk. Brown

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

Scar on right leg above knee

**CERTIFICATE OF MEDICAL EXAMINATION.**

I have examined the above-named Recruit and find that he does not present any of the cause 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 1st April, 5, 191 (Sgd.) W.H.Reilly,

Place Pianipeg Capt. C.A.M.C.

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**

William Quincy 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.

June 23rd  
Date

R.S. Macow Lieut.  
 Commanding Depot Squadron.  
5 L.S.H.(R.C.)  
 191

(Signature of Officer.)

Report on Wounds or other Injuries, received otherwise than in Action.

114  
Gen. No.  
4269

Certificate of Medical Officer.

No. # 6135 - Pte. W. J. Adams L.S.H. (R.C.)  
1 Can. Cav. Bde.  
3 Can. Div.

was admitted to hospital on the May 9th 16. suffering from Synovitis knee. (Rt)

† Here insert "trivial" or "serious."  
‡ Here insert "will" or "will not."  
\* Here insert "claims" or "does not claim."

The disability is of a † Serious nature, and in all probability ‡ will interfere with his future efficiency as a soldier.

He\* claims that he was in the performance of military duty at the time of the accident.

(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him.)

Station # 2 Can. C.C.S. H. J. J. Major  
Date May 10-16 Medical Officer in charge.

Certificate to be signed by soldier.

I, \_\_\_\_\_ hereby declare that the injury sustained by me on the \_\_\_\_\_ did not occur while I was in the performance of military duty.



Station \_\_\_\_\_  
Date \_\_\_\_\_  
} Soldier's Signature.  
} Signature of Medical Officer.

Certificate of Commanding Officer.

(This certificate will be completed only in cases of trivial injury where the soldier claims to have been injured while on duty.)

† Here insert "occurred" or "did not occur."

I certify that the injury to the above-named soldier † occurred while he was in the performance of military duty.

‡ If on duty, state (a) The date of the injury. (b) The place where it occurred. (c) The nature of the duty. (d) Whether the soldier was in any way to blame.

† 1st May. 1916. Squadron Parade  
In the Field.  
Squadron Parade.  
The soldier was in no way to blame.

The soldier has been so informed.

Station In the Field. J. M. Mitchley Captain.  
Date 16th May. 1916. Commanding L.S.H. (R.C.I.)

This Army Form will be attached to the Medical History Sheet, on which it will be recorded whether the soldier was on duty, and whether he was to blame.

BUSHEY PARK HOSP  
HAMPTON HILL

MEDICAL CASE SHEET

No in A. & D. Book	Regt'l No. 61395	Rank Pte	Name Adams, W. K.
Year	Unit L. S. H.	Age 22	Service 8-12 7-12

Station and Date	Disease
	Synovitis right knee

Went sick at Auchy les Hesdin (Somme) Apr. 20 - knee started to swell a month before patient went ~~Canada~~ sick - Apr. 20-27 J.F.A. put in United States plaster-cast, cast removed -

Truges Hospital Apr. 27-30 - no Single treatment, Apr. C.C.S May 1-9 Entered in bed knee bandaged. Rouen Unifery 9 Gen. Hospital May 9 to June 1 May 27/15. bandages and "Scotch bandages" swelling reduced, knee weak, no Art Student stiffness. June 1 to July 10 Scottish Nat. Red Cross Hosp. Glasgow

T. Ins. no treatment, Apr. (3) Present condition - good movement S.P.V. in knee, no stiffness, no swelling. Apr. 15/16 with a cast

Treatment - P.Y. Transferred to Epson 13/7/16 Disposal - Epson with

C. Ash

Capt. C. Mc

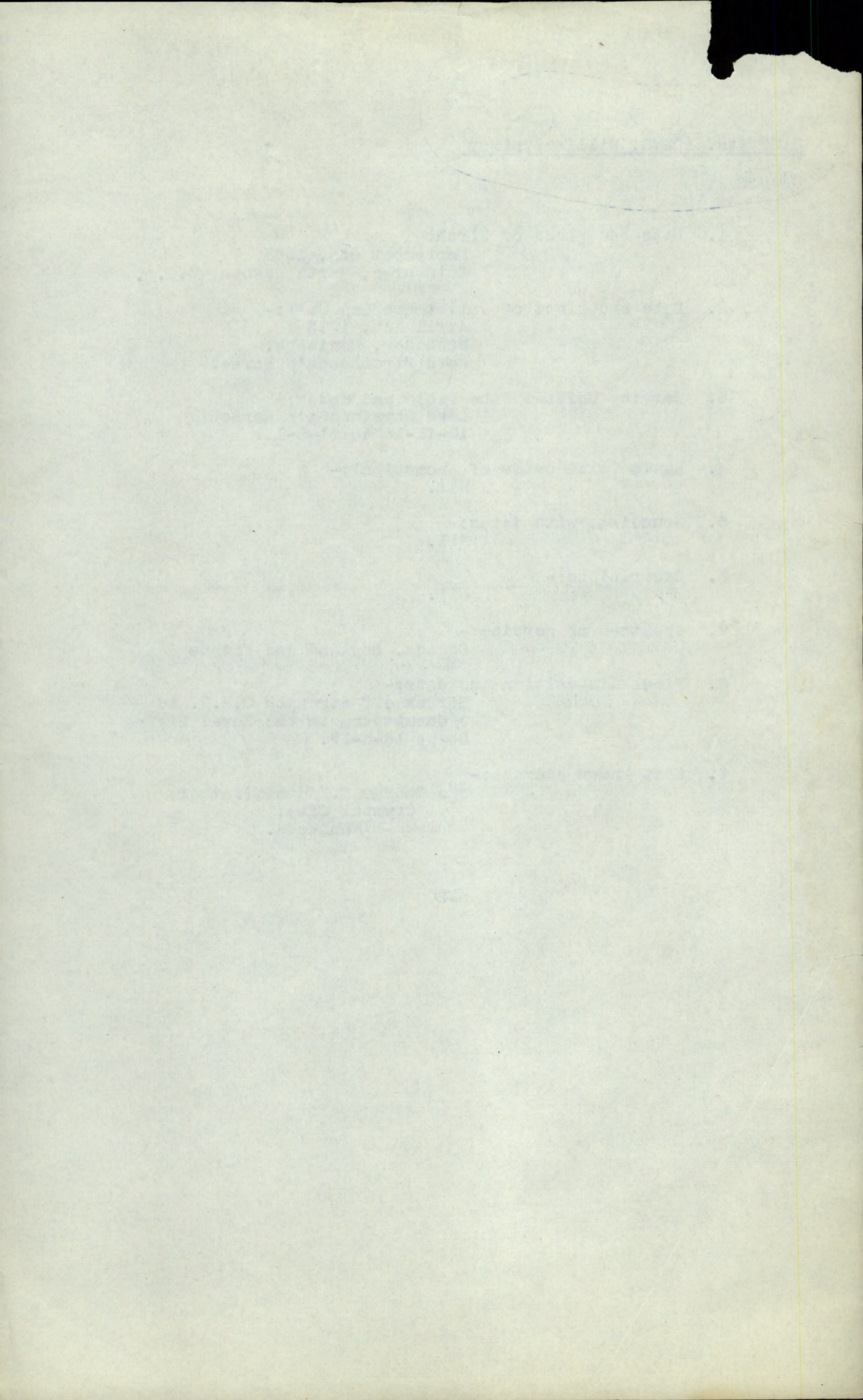






6135 Pte. ADAMS, William Quincy

1. Date and place of birth:-  
September 6th, 1893  
Edinburgh, North Dakota, U.S.A.
2. Date and place of enlistment and Unit:-  
April 1st, 1915  
Winnipeg, Manitoba.  
Lord Strathcona's Horse.
3. Service Units in the Field and dates:-  
Lord Strathcona's Horse  
10-11-15 to 31-5-16.
4. Ranks (with dates of promotion):-  
Nil.
5. Wounding, with dates:-  
Nil.
6. Decorations:-  
Nil.
7. Theatres of service:-  
Canada, England and France
8. Final disposition and date:-  
Struck off strength C.E.F. to  
a Commission in the Royal Flying  
Corps 16-3-17.
9. Last known address:-  
c/o George E. Adams (father)  
Crystal City,  
Manitoba.



TO,

TO R. II

From R. III

# URGENT

Please give List of Location and Hospital admission for the following man since

6135 Adams, W. Q L.S.H.R.R.

Cdr Cav D.	10. 7. 15
95	9. 11. 15
<u>Scottish Red X Top Glasgow</u>	31. 5. 16
<u>Burkey Kk</u>	11. 7. 16
<u>Cest Uson</u>	14. 7. 16
L.S.H. Res R.	22. 7. 16
Off Cadet B2 (R.F.C. #1 Denham)	8. 10. 16
CRER. X	6. 3. 17

30/5/17 2/6/17 ~~P~~ X

Wm. L. Young  
R. III  
29. 5. 17



ed

LAST WILL AND TESTAMENT

NO. 6135 RANK Pte NAME Adams, W.J.  
REGIMENT Lord Strathcona's Horse (R.C.)  
DATE Nov<sup>r</sup> 4<sup>th</sup> 1915.

14

WILL

WILL

In the event of my  
Death I give the  
whole of my property  
and effects to  
Mr. G. E. Adams  
Crystal City  
Manitota  
Canada

W. J. Adams  
Nov 4, 1915 - No 6135 S. J. H.  
(R.C.)

PAYMASTER  
CANADIAN CAVALRY DEPOT  
NOV 8 1915  
SHORNCLIFFE

79

11  
RATES OF REGIMENTAL PAY.

OFFICERS—ALL ARMS.

Table with 2 columns: Rank/Grade and Rate. Includes entries for Colonel, Lieutenant Colonel, Major, Captain, and various ranks of Lieutenants. Includes a note: "In addition to pay of the rank to which he is entitled."

WARRANT OFFICERS, ETC.

Table with 2 columns: Rank/Grade and Rate. Includes entries for Sergeant Major, Sergeant, Corporal, and various ranks of Privates. Includes a note: "In addition to pay of the rank to which he is entitled."

Handwritten notes and a rectangular stamp in the bottom right corner. The stamp contains the text "RECEIVED" and "MAY 1917".

COPY

LAST PAY CERTIFICATE

Reg. No. 6135 Rank Pte Name Adams W.Q.  
 Unit C.C.A.C. Original Unit in C.H.F. L.S.H. W.O. letter 43 Y.O. 593 MSK 504  
 Date of Discharge. 16-3-17 Reason. 18-3-17 Com Imp.

CREDIT.		DEBIT.	
From 1-7-15 To 15-3-17		Cash Payments at \$5 to \$1	
624 Days at \$1.00 Pay & .10 P.A.	686.40	Cash Payments at Par	599.20
From To		Assigned Pay No. @ \$	
Days at Pay & P.A.		Assigned Pay No. @ \$	
From To			
Days at Pay & P.A.			
From To			
Days at Pay & P.A.			
Other Credits		88.30 - \$ 18-2-10	
Recd 16-3-17	1.10	Paid - 22-5-17	
Unit			
Date of Discharge			
Adjustment of exchange		Credit Balance	88.30
Debit Balance			
	687.50		687.50

Checked by W.G. Batley  
 Entered by G.W. Willaims

Certified correct  
 F.B. Scardifield  
 Capt.  
 For Chief Paymaster

100 100 100 100

100 100

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OFFICE OF THE  
STANDING MEDICAL BOARD  
SHORNCLIFFE

# EXAMINATION

BY

STANDING MEDICAL BOARD, SHORNCLIFFE.

..... July 21<sup>st</sup> ..... 1916

No. 6135 ..... Unit. I.S.A. ..... Rank. pta .....

Name. Adams W J ..... Age. 22 .....

Examination held at. CCAC .....

DISABILITY.  
Overseas—Local  
(scratch one out)

Synovitis  
7 mos in France

Present Condition

7 years ago at foot ball. no houses  
again Feb April in France felt a  
slip of joint. Released from France in June  
still some enlargement about right knee joint.

Board recommends:—

1. Fit for Duty.
2. Fit for duty after.....weeks' physical training.
3. Fit for light duty.....8 weeks.
4. Fit for permanent base duty.
5. Discharge.

**APPROVED**  
 CAPTAIN, C.A.M.C. FOR D. OF R. & O. FOR  
 BRIGADIER GENERAL  
 Members  
 CANADIAN TRAINING DIVISION, SHORNCLIFFE.

Signatures:—

[Signature] ..... President.  
[Signature] .....

APPROVED

Shorncliffe. 21 July ..... 1916. [Signature] ..... Captain.

A/D. A.D.M.S.,  
Canadian Training Division.

EXAMINATION

STANDING MEDICAL BOARD, SHORCLIFFE

*[Faint, illegible handwritten text]*

*[Faint, illegible handwritten text]*

*[Faint, illegible handwritten text]*

*[Faint, illegible handwritten text]*

*[Faint, illegible handwritten text]*

## Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank *Pl.* Name *William James* Surname *Adams*  
 Unit or Corps *1st Strathcona Horse* (If a soldier) Regtl. No. *6135*  
 Born at *Edinburgh, Scot.* on, date *Sept 14 1893*  
 Signature (for identification) *W. J. Adams*

The examination is to be made jointly by two Medical Officers.

**1. PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight  
*165* lbs.  
 Height  
*8' 10* in.

**2. NUTRITION AND DIATHESIS?**

*Good.*

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

**3. NERVOUS SYSTEM?**

*Normal.*

**4. RESPIRATORY SYSTEM?**

*Normal.*

**5. HEART?**

Abnormal Sounds? *No.*  
 Abnormal Size? *No.*  
 Pulse Rate? *76.* Intermittence or irregularity? *No.*

**6. ARTERIES.**—Any hardening?

*No.*

**7. DIGESTIVE SYSTEM?**

*Normal.*

**8. GENITO-URINARY SYSTEM?**

*No symptoms of disease.*

Urinalysis—s.g.? ..... Reaction? ..... Albumen? ..... Sugar? .....

**9. SKIN, MIDDLE EAR, EYE**  
or any other part?

*Normal.*

**10.** Is there any evidence of impairment of health or physical condition not mentioned above? If so describe.

*No.*

**11.** Opinion as to the health and physical condition of the one examined?

*Good physical.*

Examined at *Onus, N.B.* Signed *W. James Capt O.M.C.* M.O.  
 Date *May 1st 17.* Signed *W. J. Adams* M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board are not to be reported on this Form.

Name: \_\_\_\_\_  
Rank or Grade: \_\_\_\_\_  
Branch of Service: \_\_\_\_\_  
Regiment (or location): \_\_\_\_\_

The examination is to be made jointly by two Medical Officers.

1. PHYSIC-AL, GENERAL, including or including. If so, describe.

Weight: \_\_\_\_\_  
Height: \_\_\_\_\_

2. NUTRITION AND DIGESTION

Other symptoms, and thorough examination, is not evidence of disease or impairment of the parts indicated below, if so, describe.

3. NERVOUS SYSTEM

4. RESPIRATORY SYSTEM

5. HEART

Arterial supply  
Venous supply  
Pulse rate  
Tension of respiratory

6. ARTERIES - (If hardened)

7. DIGESTIVE SYSTEM

8. GENITO-URINARY SYSTEM

9. SKIN, HAIR, EAR, EYE  
(If any other part)

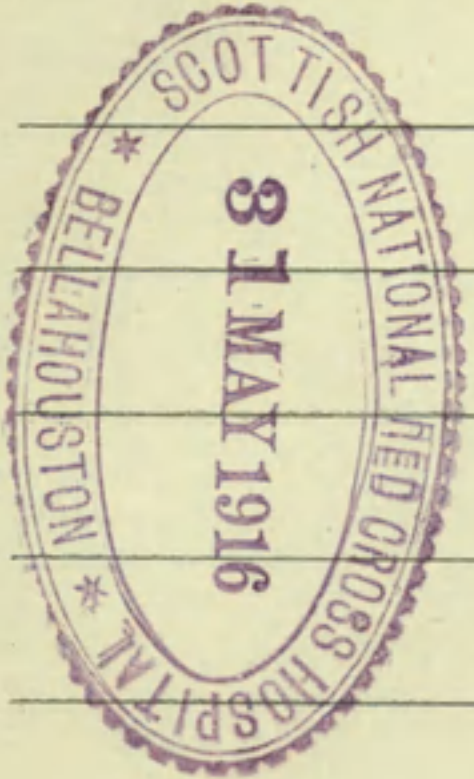
10. Is there any evidence of  
the presence of disease?  
If so, describe.

11. Is there any evidence of  
disease of the eye?  
If so, describe.

Examined at: \_\_\_\_\_  
Date: \_\_\_\_\_  
If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the D.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. <i>76</i> 1190 Year	Regimental No.	Rank.	Surname.	Christian Name.
	<i>6135</i>	<i>Pte.</i>	<i>Adams</i>	<i>Wm Quincy</i>
	Unit.	Age.	Service.	
	<i>7 Strathcona Horse B</i>	<i>22</i>	<i>15 mo 7 mo</i>	
Station and Date.	Disease <i>Synovitis of knee.</i>			
	<i>Complaint.</i>			
	<i>Cause. A twist.</i>			
	<i>Knee was slightly swollen on admission but on resting in bed swelling disappeared &amp; knee became normal in every way.</i>			
	<i>J. K. Russell</i>			



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

Station  
and Date.

# MEDICAL HISTORY OF

*C. Cal*  
2/17/16

Surname Adams Christian Name William Quincy

Examined { on 1st day of April 1915  
 at Winnipeg  
 Birthplace { City or Town Edinburgh  
 County North Da. U.S.A.  
 Apparent age 21 7/12  
 Trade or occupation Engineer  
 Height 5 Feet 9 Inches.  
 Weight 171 Lbs.  
 Chest measurement { Minimum 38 inches.  
 Maximum expansion 41 1/2 inches.  
 Physical Development Good.  
 Small-Pox Marks None.  
 Vaccination Marks { Arm Right Left  
 Number 2  
 When Vaccinated last 1912

Approved by W. H. Peirce  
 (Rank) Capt. Comd.  
 Medical Officer.

(a) Marks indicating congenital peculiarities or previous disease None  
 (b) Slight defects but not sufficient to cause rejection. None

Examined for re-engagement  
 day of \_\_\_\_\_ 190\_\_\_\_

\* Considered \_\_\_\_\_  
 (Signature) \_\_\_\_\_  
 Medical Officer.

\* If unfit, state disability.

Re-vaccinated on \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_

Arm \_\_\_\_\_ Number \_\_\_\_\_

Result \_\_\_\_\_  
 (Signature) \_\_\_\_\_  
 Medical Officer.

Enlisted on 1st day of April 1915, at Winnipeg - Man

	CORPS.	REGTL. NUMBER.	HABITS.	DATE.
Joined on enlistment.	<u>I. S. R. (R.C.)</u>	<u>6135</u>		
Transferred to.....				

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.  
 Lieut.-Col. In Charge of Records, Canadian Contingent.

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Christian Name

Surname

STATION.	Date of Arrival at the Station.	Dates of						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.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day.	Mo.	Yr.	Day.	Mo.	Yr.				
Bellaouston Hospital							No Admission				
Bellaouston Hospital		31	5	16	10	7	16	Synovitis of knee.	72.	Knee swollen - rest in bed + knee became normal.	<p><i>C. B. Bellin</i> <i>L. Col</i> P. A. M. O. Asst. Director Medical Services M. D. 10</p> <p><i>J. K. Russell</i></p>
THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL		10	7	16	13	7	16		3	Transferred to Epson for Physical training	<p><i>J. H. [unclear]</i> REGISTRAR, FOR OFFICER COMMANDING THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL BUSHY PARK, HAMPTON HILL.</p>
(CANADIAN DIVISION), CONVALESCENT HOSPITAL, WOODCOTE PARK, EPSOM		13	7	16	21	7	16	do.	9	Discharged to C. Col	<p><i>[Signature]</i> Capt.</p>
Westcliff Eye Hosp. Folkestone								specialist's report 25/8/16	R.V. 6/9 L.V. 6/9	defect color vision. hearing R. 25' L. 25' vision normal	<p>CANADIAN DIVISION, CONVALESCENT HOSPITAL, WOODCOTE PARK, EPSOM</p>



24 AUG. 1916



Rank Name **ADAMS William Quincy**

Reg'l No. **6135**

Unit **L.S.H.**

If in perm. Corps,  
What Unit?

Married or Single **Single**

Place and Date of Enlistment **Sowell, Man. 23rd June. 1915**

Place of Birth **Edinburgh,**

Name and Address, Next-of-Kin **Geo. E. Adams.**

**N. Dakota, U.S.A.**

**Crystal City, Manitoba, Canada**

Relationship **Father.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Entered on **N.E. Card Index**

Character



*H. E. Atwood*

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1.9.15	31.8.15	62	1 <sup>00</sup>	62	62	1 <sup>00</sup>	62	20	68			34 07			34 07	34 13	
1.9.15	30.9.15	30	1 <sup>00</sup>	30	30	1 <sup>00</sup>	30	3	33			58 89			58 89	8 24	
1.10.15	31.10.15	31		31	31		31	10	34			19 47			19 47	22 87	
1.11.15	30.11.15	30		30	30		30	3	33			22 15			22 15	33 72	To L.S.H. R. G. 1684.
Dec.		31		31	31		31	10	34			16 76			16 76	57 06	
1916																	
Jan		31		31	31		31	10	34			5 24			5 24	79 92	
Feb		29		29	29		29	0	31			5 24			5 24	106 58	
Mar		31		31	31		31	10	34			6 98			6 98	133 70	✓
				275			275		302			168.80			168 80		

BALANCE TRANSFERRED TO NEW LEDGER.

Checked.....

Carried forward to  
Later



20512

Rank *Pvt.* Name ADAMS William Quincy

Reg'l No. 6135 ✓

Unit L.S.H. If in perm. Corps, What Unit?

Married or Single Single

Place and Date of Enlistment Sewell. Man. 23rd June. 1915

Place of Birth Edinburgh. N. Dakota. U.S.A.

Name and Address, Next-of-Kin Geo. E. Adams. Crystal City. Manitoba. Canada

Relationship Father.

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No 816  
File R.L. 23-A-108  
Category COM

Discharge, Date and Place Reason

Character *Pr. Cab.*

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				
10-7-15	<i>O/B B.B.D.</i>	<i>Taken on strength B.B.D.</i>	<i>Canterbury</i>	<i>10-7-15</i>	<i>P2 O# 160</i>
9-11-15	<i>"</i>	<i>Trans to L.S.H. (Pr.)</i>	<i>Shorncliffe</i>	<i>9-11-15</i>	<i>" 283</i>
	<i>O/B B.B.D.</i>	<i>Taken on B.B.D.</i>	<i>Revelles</i>	<i>10/11/15</i>	<i>Now Bell</i>
	<i>"</i>	<i>Leaving</i>	<i>"</i>	<i>12/11/15</i>	<i>do</i>
27/11/15	<i>O/B L.S.H.</i>	<i>Taken on L.S.H.</i>	<i>France</i>	<i>10/11/15</i>	<i>P2 O# 30</i>
16/5/16	<i>L.S.H.</i>	<i>Adm. #7 Can. Cav. Field Amb.</i>	<i>Field</i>	<i>2/5/16</i>	<i>C.L. A252 Synovitis knee</i>
24/5/16	<i>"</i>	<i>To #2 Cas. C/8 Str. ex #7 Can. Cav. F.P. Amb.</i>	<i>"</i>	<i>9/5/16</i>	<i>C.L. A257 " "</i>
27/5/16	<i>"</i>	<i>Adm. #9 Gen. Hosp. ex #2 Cas. Clearing Str.</i>	<i>Rover</i>	<i>18/5/16</i>	<i>" A259 " "</i>
7/6/16	<i>L.S.H.</i>	<i>Inval. &amp; transf. to C.E.A.C.</i>	<i>Folkestone</i>	<i>3/5/16</i>	<i>P2 O# 23 ex H.S. St. Andrew</i>
9/6/16	<i>P.C.C.A.C.</i>	<i>Taken on strength</i>	<i>do</i>	<i>31/5/16</i>	<i>P2 O. 208</i>
6/6/16	<i>O/B L.S.H.</i>	<i>Adm. to Scottish Hill Res. Hosp. ex #2 Cas. Clearing Str.</i>	<i>Glasgow</i>	<i>31/5/16</i>	<i>O/B. 47. Synovitis knee</i>

# 6135 The Adams H.L.

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				
1/6/16	of Lt. H.	Discharged Ex Reg. Gen. Hq. 26/5/16	Etaples	26/5/16	Sp. P. A. 263. R. Kne. <sup>Synthetic</sup>
2/6/16	of Lt. H.	Adm. to Reg. Gen. Hq. 27/5/16	Rouen.	27/5/16	Sp. P. A. 264 n.y.d.
14.7.16	of Lt. H.	Adm. to King Can. Reg. x Hq. 11.7.16	Bushy Park	11.7.16	Sp. B. 61. Synthetic R. Kne.
17.7.16	of Lt. H.	To Can. Comd. Hq. 14.7.16	Epsom	14.7.16	Sp. B. 63. 50
21/8/16	of Lt. H.	Discharged from Hospital 21-7-16	"	21-7-16	Sp. No. B. 71
22.7.16	of Lt. H.	Reported C.A.C. Ex Epsom. 21.7.16	Stone	21.7.16	Pl. II. O. 286.
24.7.16	of Lt. H.	Off. Hq. C.A.C. Trans. to 22.7.16	Stone	22.7.16	Pl. II. O. 290.
23-7-16.	of Lt. H. R.R.	Taken on Str. from C.A.C. 23-7-16	Shorncliffe	23-7-16	Pl. II. O. 42.
8-10-16.	" "	Having proceeded to Officer Cadet 8-10-16	"	8-10-16	Pl. II. O. 119
6-3-17.	of Lt. H. R.R.	Ton S 7 on Com. as above. by Reorgan. 6-3-17	"	6-3-17	Pl. II. O. 1. of B.
20-6-17	" "	SOS to Commission in Imp Army 16-3-17	"	16-3-17	" " 107

0 Cav. 392

Casualty Form—Active Service.

CERTIFIED CORRECT.  
Canadian Record Office,  
Westminster House,  
71, Whitehall, S.W.

Regiment or Corps L.I.C. (2nd Lt. B.F.)

Regimental No. 6135 Rank Pls. Name Adamo. W. Q.

Enlisted (a) 23-6-15 Terms of Service (a) Duration of War. Service reckons from (a) 23-6-15

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Nil

EBM

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				
		<u>Taken on strength to Co. C. D.</u>	<u>Loauterbury.</u>		
		<u>Trans L. P. H.</u>	<u>France</u>	<u>9/11/15</u>	
<u>10-11-15</u>	<u>Can. Base Depot.</u>	<u>Landed in</u>	<u>France</u>	<u>10-11-15</u>	<u>101/BD/3/51 DCS-134.21/15 10-11-15.</u>
<u>12/1/15.</u>	<u>do.</u>	<u>Left BD to join unit</u>	<u>in the field</u>	<u>12-1-15.</u>	<u>101/BD/3/56. 12/1/15. DCS-160.7/16</u>
<u>18/3/15.</u>	<u>O.C. Unit.</u>	<u>Joined unit</u>	<u>in the field</u>	<u>15-11-15.</u>	<u>15-8/CA/4/1. 18/3/15. DCS.160.7/16.</u>
<u>7/5/16.</u>	<u>7 Can Cav 7th Amb.</u>	<u>Synovitis knee adm. 7 C.C. 7. Amb.</u>		<u>2/5/16.</u>	<u>A36. DCS. 219. 13/5/16.</u>
<u>13/5/16.</u>	<u>2 C.C.C.S.</u>	<u>I.C.T. H. hand. adm. 2 C.C.C.S</u>		<u>8/5/16</u>	<u>A36. DCS 223 @ 21/7.6</u>
		<u>transf. to Base B MAC. AT.9.</u>		<u>9/5/16.</u>	
<u>18/5/16</u>	<u>9. Gen. Hpl</u>	<u>Inf. joints. R. knee. adm</u>	<u>9. Gen. Hpl.</u>	<u>18/5/16.</u>	<u>W3034. (428.)</u>
<u>14/5/16</u>	<u>1. Can Cav. 2nd Amb.</u>	<u>Synovitis R. knee. trans. to</u>	<u>S.R.D.</u>	<u>8/5/16.</u>	<u>a36. D.C.S. 227.</u>
<u>27/5/16</u>	<u>O.C. 2. C.C.C.S.</u>	<u>Synovitis R. knee. adm</u>	<u>2 C.C.C.S.</u>	<u>9-5-16</u>	<u>} a36. D.C.S. 228.</u>
		<u>trans. to amb. Train</u>		<u>17-5-16</u>	
<u>27/5/16</u>	<u>9. Gen. Hpl.</u>	<u>N. Y. D. adm</u>	<u>9. Gen. Hpl.</u>	<u>27/5/16</u>	<u>W3034 (436)</u>

(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				
30/5/16	H. St. Andrew	Influenza. R. Knee. Trans to England. Can. Cas. <i>uss. 62473.</i>		30/5/16	W3083. Pt II order no 23 of 7/6/16.
30/5/16	H. St. Andrew	Influenza. R. Knee. adms	H. St. Andrew	30/5/16	A. 36. D.C.S. 231.
26/5/16	<i>oc no</i> 9. Gen. H. St. Andrew	Inf Knee. R. des. to not stated. Field <i>readmitted yesterday to no 9. Gen. H. St. Andrew</i>		26-5-16	W3034 (436).
30/5/16	<i>oc</i> 9. Gen. H. St. Andrew	Inf. Knee. R. Trans. to <i>Regt</i>	C. C. A. C. <i>Falkestone.</i>	30-5-16	W3034 (429) Pt II order no 23 of 7/6/16

*J. D. H.*  
 LIEUT.  
 OFFICER in RECORDS  
 CANADIAN SECTION G.H.Q.  
 3RD ECHELON

9-6-16 Taken on strength *ccac. pt II D.O. 208*  
 21-7-16. ATTACHED  
 TRANSFERRED FROM C.C.A.C. TO *Can. Cav. Depot PART II*

23/7/16 Taken on strength of L.S.H.R.C.R.R. by Regl Order No 42 of 23/7/16  
 O.C. LSH(RC)RR. *Shorncliffe. 23.7.16.*  
*H. E. White*  
 L.S.H. (R.C.) RES. REG. CAPT. & ADJT.

7.3.17. O.C. *LSH(RC)RR.* Transferred to C.R.C.R. Shorncliffe. 6.3.17. Pt. 11. Order No. 66.

6-3-17 *oc*  
*CRER* L.S.H. (R.C.) R.R. *Lieut; & ADJUTANT*  
*oc* *S.O.S. on discharge to*  
*CRER* *Queen in Imperial Cavalry* *S. Cliffe* *6.3.17*  
*16/4/17*  
 MAJOR & ADJUTANT  
 FOR OFFICER COMMANDING  
 CANADIAN RESERVE CAVALRY

Surname **Adams** Christian Name or Names **W. O.** Reg. No. **6135**  
 Rank **Pte.** Unit **L.S.A.** Co. Troop Batty  
 Hospital Date of Admission

Transferred **7 Can Cav 7 Amb** Hosp. **2. 5. 16**  
**2 Cas Cl. Str.** Hosp. **9. 5. 16.**  
**# 9 General, Rouen.** Hosp. **18. 5. 16**  
**do.** Hosp. **27. 5. 16.**

(over)

Diagnosis **Synovitis R. knee.**  
 (1) Later Diagnosis (if changed) **Synovitis knee.**  
 (2)  
 (3)

Additional Diagnoses: If more than one state present

DISPOSITION **Dis. 26. 5. 16.** Date **Dis. 21. 7. 16**

**Ch. 16. 5. 16 A/252**  
**" 24. 5. 16. A257.**  
**" 24. 5. 16 A259.**  
**" 1. 6. 16. A263.**  
**" 2. 6. 16. A264.**  
**" 6. 6. 16. B. 47.**  
**" 14. 7. 16 B61.**  
**" 17. 7. 16 B63.**  
**" 2. 8. 16 B. 71**

REMARKS

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

*P. J. O. R.*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. *Scottish National Red + Glasgow.*

*31.5.16*

2. *Kings Can Red + Basky Hk*

*11.7.16*

3. *Woodcote PH Epsom*

*14.7.16*

4.

5.

6.

7.



H. Q. FILE No. 649-

NAME *Adams W.*

*Q*

REGT'L. No. *6135*

RANK AND CORPS *Pte*

*R. S. N.*

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A252.	# 7 Can Cav. 7d. Amb.	2-5-16	Synovitis knee.
A257	# 2 Cas. Cl. Stat. Ex No. 7 Can. Cav. 7d. Amb.	9-5-16	" "
A259.	# 9 Gen. Rouen	18-5-16	Synovitis rt. knee.
A263	ex # 9 Gen. Rouen	26-5-16	Synovitis R. knee
A264.	# 9 Gen. Rouen	27-5-16	" B. of D.
B. 47	Scottish National <del>X</del> Bellahouston Glasgow.	31-5-16	Synovitis Rt. knee
B61.	King's Land Red X Court Bushey PK.	11-7-16	Synovitis rt. knee.
B63.	Can. Division Court. Woodcote PK. Epsom	14-7-16	Synovitis rt. knee.
D 71	Discharged	21-7-16	" Rt "

7 A  
SURNAME.

Adams.

CARD NO.

574.

CHRISTIAN NAMES

William Quincy

REGL. NO.

6135

RANK

Pte.

UNIT

S. S. H. 1st. (A. N.).

S.O.S. Dis 16-3-17  
Com + FOLL Army  
16-283  
8-2-18

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL

Adams, George E.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Crystal City, Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

U.S.A. Edinburgh N. H.

DATE

6-9-1893.

PLACE OF ATTESTATION

Sewell Man.

DATE

June, 23, 1915.

MARRIED

SINGLE

*Yes.*

WIDOWER

TRADE OR CALLING

*Student,*

RELIGION

*Methodistland*

DESCRIPTION.

APPARENT AGE

*21*

YEARS

*9,*

MONTHS

HEIGHT

*5*

FEET

*9,*

INCHES

CHEST MEASUREMENT

*38,*

INCHES

EXPANSION

*3 1/2,*

INCHES

COMPLEXION

*Dark,*

EYES

*Gray,*

HAIR

*Wk. Brown.*

DISTINGUISHING MARKS

*Scar on right leg above knee.*

*Scar on right leg above knee*

MEDICAL EXAMINATION.

PLACE

*Winnipeg*

DATE

*June 23-15*

Name Adams, W.Q. Rank Pte.

Reg. No. 6135

Unit (William Quincy)  
Lord Strathcona's Horse.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916						
May 2	7 Can. Cav. Field Amb.		Syn. Knee	A252		
" 9	2 Cas. Clg. Station		do	A257		
" 18	9 Gen. Hosp. Rouen.		Syn. R. Knee.	A259		
" 26	<u>Discharged.</u>		do	A263		
" 27	9 Gen. Hosp. Rouen.		N.Y. D.	A264		
" 31	Scottish National Red X Hosp. Bellahouston, Glasgow.		Syn. Knee.	B47.		
July 11	Guys Lean Red X Gen Hosp. Bushey PK		do (RT)	B61.		
" 14	Gen. Div. Gen. Hosp. Woodcote Park		do	<del>B60</del> B63		
" 21	do Discharged		do	B71.		



LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221.)
8. Court of Inquiry on an injury (if any). (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any). (Army Form B. 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

Place to be left blank for the Chelsea Number.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>6135</u>	Army Rank <u>Private</u>
Name <u>Adams, William Quincy</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>Canadian Reserve Cavalry Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>16-3-17</u>	
Place of discharge <u>England</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>21</u> years <u>9</u> months Height <u>5</u> feet <u>9</u> inches Chest measurement { girth when fully expanded <u>41 1/2</u> ins. range of expansion <u>3 1/2</u> ins. Complexion <u>Dark</u> Eyes <u>Gray</u> Hair <u>Dark Brown</u> Trade <u>Student</u> Intended place of residence { (To be given as fully as practicable)	Descriptive marks.  <u>Scar on right leg above knee</u>
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)	
2. The above-named man is discharged in consequence of <u>being granted commission in Royal Flying Corps (no letter 43/4/1593MSK (504) dated 18-3-17) (auth. HQ Co. Bns. Shorncliffe, letter H-41-a-112 d/15-17)</u> (The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)	
3. Military character:— <u>Good.</u>	
4. Character awarded in accordance with King's Regulations:—  <u>Not known.</u>	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer. <u>[Signature]</u>	
Army Form B. 2088 has been issued to*	

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

nil

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay ... .. Class

6. Campaigns, Medals and Decorations

nil

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) Shorncliffe

W. J. Miller Col.

(Date) May 1st. 1917

Commanding 1st Battalion Cavalry Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) Shorncliffe

W. L. Adams (Signature of Soldier.)

(Date) May 1st. 1917

W. Burkholder (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 at 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 to his engagement to 1/5/17 (the date to which the record of service is completed) 1 years 310 days.

Further service " " (the date of confirmation of discharge) ... .. " "

Total ... .. " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for (date) 16-3-17

(Place) Shorncliffe

Signature W. J. Miller COL. COMDG. CANADIAN RESERVE CAVALRY REGIMENT.

(Date) 16-3-17

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

no reservations.  
W. L. Adams







MARRIED OR SINGLE *B.*  
 PLACE OF BIRTH *Edinburgh, N. Dakota, U.S.A.*  
 NAME AND ADDRESS OF NEXT OF KIN *Geo. E. Adams,  
 Crystal City,  
 Manitoba, Can.*  
 RELATIONSHIP OF NEXT OF KIN *Father.*  
 NAME AND ADDRESS OF NEXT OF KIN  
 RELATIONSHIP OF NEXT OF KIN  
 SEPARATION ALLOWANCE MONTHLY \$ *5.00* EFFECTIVE (DATE)  
 PAYABLE TO  
 RELATIONSHIP OF DEPENDANT

*Sub on Def Pay  
 1/1/16 - 29/2/17  
 \$5.00*

CASUALTIES, PROMOTIONS, & C.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, & C.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
<i>3/2/17</i>			<i>Comm</i>

REG'L. No. *6135* RANK *Private* NAME *Adams, William Quincy*  
 IF IN PERM. CORPS WHAT UNIT *L.S.A. (No. 1)* TRANSFERRED TO *C.O.A. Co.* DATE *6/6/16* AUTHORITY *1023 11/16/14  
 C.O. Edm.*  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Sept 2.* DATE *16/3/17* AUTHORITY *4370, 592 15/13*  
 PLACE OF ATT. STATION *Sewell, Manitoba* TRANSFERRED TO *K.* DATE *19/3* AUTHORITY  
 DATE OF ATTESTATION *June 23<sup>rd</sup> 1915* TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON  
 DISCHARGE DATE AND PLACE *15/3/17* *England.* REASON AND AUTHORITY *W.C. Letter 4370, 593, MSK, 504 18/3/17*  
*Cor: 17/3/17. A.L. June 1/17 cl. 2968 f.*  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



Checked.....

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	c.						\$	c.																
<i>21/3/16</i>	<i>21</i>	<i>1.20</i>	<i>25</i>						<i>302 50</i>									<i>168 80</i>			<i>168 80</i>	<i>133 70</i>	<i>HS</i>				
<i>1/4/16</i>	<i>30</i>	<i>1.00</i>	<i>30</i>	<i>10</i>		<i>3</i>			<i>33</i>	<i>375 10</i>				<i>3 49</i>	<i>3 49</i>						<i>6 98</i>	<i>159 70</i>					
<i>13/4/16</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>10</i>		<i>3 10</i>			<i>34 10</i>												<i>193 80</i>						
<i>16/6/16</i>	<i>5</i>	<i>1.00</i>	<i>5</i>	<i>10</i>		<i>50</i>			<i>5 50</i>												<i>487</i>	<i>1944 50</i>	<i>✓</i>				
<i>6-30/16</i>	<i>25</i>	<i>1.00</i>	<i>25</i>	<i>10</i>		<i>2 50</i>			<i>29 50</i>												<i>180 65</i>	<i>221 95</i>	<i>✓</i>				
<i>July 1-31</i>	<i>31</i>		<i>31</i>			<i>3 10</i>			<i>34 10</i>													<i>256 05</i>					
<i>Aug 1-31</i>	<i>31</i>		<i>31</i>			<i>3 10</i>			<i>34 10</i>													<i>290 15</i>					
<i>Sept 1-30</i>	<i>30</i>		<i>30</i>			<i>3 00</i>			<i>33</i>												<i>184 94</i>	<i>138 21</i>		<i>85</i>	<i>2 25</i>		
<i>Oct 1-31</i>	<i>31</i>		<i>31</i>			<i>3 10</i>			<i>34 10</i>													<i>2920</i>	<i>143 11</i>				
<i>Nov 1-30</i>	<i>30</i>		<i>30</i>			<i>3</i>			<i>33</i>													<i>29 20</i>	<i>146 91</i>		<i>165</i>	<i>nil</i>	
<i>Dec 1-31</i>	<i>31</i>		<i>31</i>			<i>3 10</i>			<i>34 10</i>													<i>58 54</i>	<i>127 47</i>				
<i>Jan 1917</i>	<i>31</i>	<i>3.00</i>	<i>93</i>			<i>27 50</i>			<i>34 10</i>													<i>161 57</i>		<i>195</i>	<i>80</i>		
<i>Jan 1-31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>			<i>31</i>			<i>34 10</i>													<i>192 37</i>		<i>210</i>	<i>49 41</i>		
<i>Feb 15</i>	<i>15</i>		<i>30 80</i>						<i>30 80</i>																<i>5 06</i>		
			<i>669 90</i>						<i>669 90</i>					<i>3 49</i>	<i>3 49</i>	<i>397 54</i>	<i>73 01</i>					<i>477 53</i>					
			<i>669 90</i>						<i>669 90</i>					<i>3 49</i>	<i>3 49</i>	<i>397 54</i>	<i>73 01</i>					<i>477 53</i>					

*21.3.17  
 100.0 1911  
 141.0 1912  
 122.0 1913  
 C.C.A.  
 211.3 3/18  
 242.3 3/19  
 227.2 1/19*

*CCO 243179 CPM 1411  
 2/1/17  
 C/An 2/1/17*

*Ledger sheet.*

#6135 *Pvt. Adams, William Quincy*

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS				
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	4				CREDIT	DEBIT							
			\$	C.			\$	C.			\$	C.				NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE													NO.	DATE		
Forward			669 90																																				
Mar 31	110		34 10																																				
Apr 30	33		-																																				
May 1-2	2		2 20																																				
			-																																				
May			739 20																																				
June																																							
			10																																				
			110																																				
			11 10																																				
			750 50																																				

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEP. ALL. PAY	ENG.
Oct 1917	Balance FORWARD	Nil		Balance transferred to N. E. Branch.					Nil			
Dec 1917					5 06	5 06						
Jan 1918												
Feb 1918												

52<sup>00</sup> debited back effect date of transfer 16/3/17.  
 The R.P.C kept. L.O. Ritter  
 43 V.O 593 MSK.  
 18/3/17.

ASM. FORM REND. THE  
 DISCHARGED TO [Signature] DATE 15/1/17  
 PAYBOOK VERIFIED 2/5/17  
 L.P.C. REND. 1/3/17

AUT. V. O. 593 MSK. 504  
 Commission 1st Army  
 Checked [Signature]

Transf. L. Discharge  
 5<sup>00</sup> Int. Def. Pay List 9  
 at R.C. adv. 22/11/17  
 of 5<sup>06</sup> 1/2  
 5<sup>00</sup> p. by adv. cl. # 22042  
 of 2/18 - You. B. 531. T.C. 23/3