S

NAME ADAMSON. Herbert

REGIMENTAL DOCUMENTS

REGT. NO. 234184 UNIT 203. r/s Bath H. Q. FILE NO. 2075

H

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3	Music Cards.					
	Pay sheets					
					401917	

W. 2589
100M-11-19
1772-39-1377

#34184
Change of Address of Kin.

From; 1284 Alexander Ave.,
Winnipeg, Man.
To; 1275 Alexander Ave.,
Winnipeg, Man.

ATTESTATION PAPER.

No. 234184

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ADAMSON.
1a. What are your Christian names? Herbert.
1b. What is your present address? 1284 Alexander Avenue Winnipeg Man.
2. In what Town, Township or Parish, and in what Country were you born? Edinburgh Scotland.
3. What is the name of your next-of kin? Margaret Maggie Adamson.
4. What is the address of your next-of-kin? ~~1284~~ 1275 Alexander Avenue Winnipeg Man.
4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? May 30th ~~1900~~ 1899
6. What is your Trade or Calling? Boiler maker.
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Herbert Adamson., 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.

Herbert Adamson (Signature of Recruit)

Date Mar 7th 191 6. J O'Meara (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Herbert Adamson., 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.

Herbert Adamson (Signature of Recruit)

Date Mar 7th 191 6. J O'Meara (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Winnipeg this 7th day of March 191 6.

D Macdonald (Signature of Justice)

M. F. W. 22.
600M.—2-16.
H. Q. 1772-39-841.

Description of Herbert Adamson. on Enlistment.

Apparent Age 16 years ..... months.

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

Height	5 ft. 2½ ins.	
Chest measurement — Girth when fully expanded	34 ins.	
Chest measurement — Range of expansion	5 ins.	
Complexion	Dark	
Eyes	Brown	
Hair	Brown	
Religious denominations — Church of England	Yes	
Presbyterian		
Methodist		
Baptist or Congregationalist		
Roman Catholic		
Jewish		
Other denominations (Denomination to be stated.)		

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

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Mar 7th 191 6.

Place Winnipeg. G B Brown 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.

Herbert Adamson having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

J E Adamson Lt. Col. (Signature of Officer)

O.C. 203rd Overseas Batt., C.E.F.

Date March 7th 191 6.

No. 10 DISTRICT DEPOT DISCHARGE SECTION

DISTRICT DEPOT OFFICE M.D. 10

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate 11141

3 Blue Chevrons.

This is to Certify that No. 234184 (Rank) Pte.

Name (in full) Herbert Adamson enlisted in the 203rd Bn. Blue.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 4th day of March 19 16

HE served in England - 24 mos - 18th Reserve

and is now discharged from the service by reason of Demobelization (R.O. 1420/c) (C.O. 302. 4809. D.O. 251

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

Age 19 yrs. 7 mos.

Height 5' ft. 3 in.

Complexion Medium.

Eyes Brown.

Hair Brown

Marks or Scars

Pte

H Adamson
Signature of Soldier

R.S. Gillespie
Issuing Officer

Date of Discharge 27.12.18

Officer Commanding No. 10 District Depot
Rank Lt. Col.
Appointment

Signed at Winnipeg this 27th day of December 19 18

in Military District No. 10

File Reference No. 44. a. 474

R. Hobbs Capt.
District Casualty Officer,
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. W. 39a
200m.—2-18.
H.Q. 1772-39-882

DISTRICT CASUALTY
OFFICE.
DEC 31 1918
M. D. 10

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on this page of this certificate will be completed.

581

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

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

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

1. Christian Names .... Herbert ..... 2. Surname ... Adamson .....
3. Rank .. Private .. 4. Original Unit ..... 203rd ..... 5. Reg. No. 234184

B-110
4-7-2

6. Address, in full, to which future payments of gratuity are to be forwarded .. 1259 .....
.... Alexander Ave ..... Winnipeg ... Man .....
....
7. Date of enlistment in the C.E.F. ... 7th March 1916 .....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..... None .....
9. Relationship of such dependent ..... None .....
10. Address, in full, of such dependent ..... None .....
....
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:—
None .....
Jan 24th 1914 to Nov 1918 18th Reserve — 203rd Batt from March 4th 1916 to Jan 24th 1914.
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ? .... No .....
14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service ..... In ~~the~~ ~~Mr England~~ .....
Not applicable .....
....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ... Four Years and .....
Nine Months 10 Months 203rd 4/3/1916
Jan 24th 1914 Jan 24th 1914 to 23 Months 18th Reserve
Nov 1918.
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 .....

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

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

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid .....

$ 33 00/100

Paymaster M.D. 1D

20. Have you been issued with a War Service Badge? If so, what class? ..... No .....

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 .....

24. Are you now serving in the C.E.F. ..... No ..... If not, give:—(a) Date of discharge ....27th December 1918..... (b) Reason for discharge ..Demobilization.....

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

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit..... No .....

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: Herbert Ackerman

Place of Residence: 1259 Alexander Ave

Declared before me at:

This 4th day of Feb. 19 19.

Donald Sinclair

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

A Commissioner in B. R.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

Form D.M.S. 1394.
7504.—100M.—9/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at January 31st, 1918 1917

No 234184 Rank Pte. Name ADAMSON, HERBERT

Local Unit 18th Res. Bn. Overseas Unit -------- Age 18

Examination held at St. Martin's Plain.

DISABILITY. ~~Overseas~~—Local
(scratch one out).

DEFECTIVE VISION.

PRESENT CONDITION.

Enlisted March 7th, 1916. England November 5th, 1916. Has not done General Training.
West Cliff Hospital under date January 14th, 1918 reports:-

"Right Vision 6/36 X. Left Vision 6/9X. High grade astigmatism. Glasses have not been ordered. Condition present previous to enlistment and was not caused by Service, Recommend patient for Category B.I."

Other systems apparently normal but considering age and general build would not put higher than

BOARD RECOMMENDS :— B.II

1. Fit for Duty.....

2. Fit for duty after.....weeks' physical training.

3. Fit for Temporary Base Duty .....weeks.

4. Fit for Permanent Base Duty.....

5. Discharge .....

Signatures :—

Members { L. Hyttenrauch, Captain, CAMC ..... President.
George Hooper, Captain, CAMC .....
.....

APPROVED

6- FEB 1918

Dated.....1917. .....

For A.D.M.S.

Confirmed 16/5/18 2. Heathcote
" 27/6/18 Rett
" 16/7/18. Rett.
" 18/8/18 2. Heathcote
" 16/9/18 J.H.
" 18/10/18.
" 14/11/18 RCH.

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins ..... 203rd Batt. N.F. C.E.F.

(2) Regimental Number 234184

(3) Full Name of Soldier ..... ADAMSON, Herbert.

(4) Place of Birth ..... Edinburgh, Scotland.

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

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

(b) Present Postal Address .....

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

(8) Have you any children ? ..... No

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

Also their names and ages .....

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes

If so, state name and address ADAMSON, James. 1235 Alexander Ave , Winnipeg, Man.

(10) Is your Mother alive ? Yes

If so, state name and address ADAMSON, Margaret " " "

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

Are you her sole support, or not ? No

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

---

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

---

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

---

15) Are you insured ? No

If so, in what Company ? ---

Have you made arrangements for payment of your Insurance premium ---

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

J E Stanford

Officer Commanding.

Date Sept. 21st. 1916.

ORIGINAL

MEDICAL HISTORY SHEET

234184

Surname Adamson *Christian Name* Herbert

Examined { on 7th day of March 1916
at Winnipeg

Birthplace { City or Town Edinburgh
County Scotland

Apparent age 16

Trade or occupation Boiler Maker

Height 5 feet 2½ Inches

Weight 138 lbs.

Chest measurement { Minimum 29 inches
Maximum expansion 5 inches

Physical development Normal

Small-pox Marks Nil

Vaccination Marks { Arm Right XX Left 2
Number Two

When Vaccinated last Childhood

(*a*) Marks indicating congential peculiarities or previous disease Nil

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

Approved by W D Bruce
Rank Capt C Army M.O.

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

Date	Result	Vaccinations	
5/8/16	Neg.	W D B	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
		Double strength vaccine	
24/7/16	O.K.	W D B	M.O.
1/8/16	O.K.	W D B	M.O.
			M.O.

Enlisted on 7th *day of* March *191* 6 *at* Winnipeg. Can.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	203rd Batt.	234184		7th March 1916
Transferred to	18th Res Bde		Good	JAN 13 1917

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
St. Martins Rln.	31-1-18	Defective Vision.	B ii Ginghoy Epistaxis
Seaford	8-11-18	do	B i Invalided Can
do	19-11-18	"	B i. Demobilised

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

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

Nov 19/18

Surname Adamson Christian Name Herbert

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				
Camp Hughes		29	June	1916	19	July	1916	Mumps	20	Recovered.	W. D. Bruce

1 W14 44—A. 474

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

1959 Alexander Ave. Winnipeg.

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.

Asst. Director Medical Services No. DEC 17 1918 Milty. Dist. No. 10, Winnipeg

No. 2241/64 Rank Private Surname Adamson

(Given name in full) Herbert

Unit or Corps 203rd 18 Res. 10 D.D. Birthplace Scotland

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

1. GENERAL DESCRIPTION:

Physique Good Weight 135 lbs. Height 5 ft. 2½ in. Colour of Eyes Brown

Nutrition Fair

Pulse 78

Condition of arteries Good

Vision Rt. 20-20 Left 20-20.

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

2 Vacc marks left arm Childhood.

Opinion as to general health and physical condition Good. Good.

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

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

Special Senses Yes 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.

Defective vision. Vision as above stated. Slight astig matism in right eye. Originating in childhood and not aggravated by service.

10 M. D. DEC 17 1918 HEADQUARTERS WINNIPEG

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

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

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Winnipeg. (Canada)

Date Dec 17/18 Signed J. Bruce Chrapt 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 Herbert Aclawson

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

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

APPROVED

DEC 18 1918

per A. D. M. S., M. D. No. 10
WINNIPEG, MAN.

[OVER]

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

B—122
8,401—50,000—21-10-16

A.G.R.

Rank Pte Name ADAMSON, Herbert Reg'l No. 234184

Unit 203rd Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Winnipeg, 7th March, 1916. Place of Birth Edinburgh, Scotland.

Name and Address, Next-of-Kin Margaret Maggie Adamson,

59
1275 Alexander Ave., Winnipeg, Man. Relationship Mother.

R.C.29. 8.6.17.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

R.B. No. 13809
File N.L.
Category Inf.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		ARRIVED IN ENGLAND, S-S- GRAMPIAN 4.11.16,			
13-1-17	203 Bn	S O S to 18th Can: Res.	En. Seaford	12.1.17	Pte, 2.D.O. 13-
13-1-17	18th Res Bn	TOS from 203rd Bn.	Seaford	12.1.17	Pte, 2.D.O.-1
21.4.17	"	S.O.S to Man Regt Depot.	Shelliffe.	20.4.17	" 98 (Man Depot 44. 4/22.4.17)
9.5.17	Man Depot	On bomr 18th Res Bn	"	21.4.17	" 81.
14.5.17	18th Bn	Cases to Hospital - S.O.S.	"	13.5.17	" 121. (M.R.Depot 19 of 17.5.17)
20.11.18	— " —	S O S to M R D	Pte Seaford	20-11-18	Pte II. 324 (MRD Part II 327 of 23.11.18
25.11.18	MRD	SOS on transfer to the C.E.F. in Canada (no Instr. Cmpl. in Eng.)	Pte "	22.11.18	" 329

2241184 Admission H.

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

not for Overseas until 19 yrs of age

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

Birth 30/3/99

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

203rd OVERSEAS BATTALION C.E.F.

Unit, Regiment or Corps .....

Regimental No. 234184 Rank Private C. E. F. Name Adamson, Herbert

Enlisted (*a*) 7-3-16 Terms of Service (*a*) ~~6mos. after end of~~ war D. S. W. Service reckons from (*a*) 7-3-16

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

Religion Presbyterian age on enlistment 16 yrs 9 mos.

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked	Halifax	Oct 24/16.	
		Disembarked	Liverpool	Nov 5/16	
Jan 12/17	203rd	Transf'd to 18th Reserve Batt	~~Bramshott~~ Seaford	Jan 12/17	Part II D.O. 13.1.17 #13 J. Wilkinson CAPTAIN & ADJUTANT 203 OVERSEAS BATT.
Jan 12/17	Seaford o/c 18th Battn	Taken on strength 18th Reserve Battalion	Seaford	Jan 12/17	Part II D.O. 13 dated. Jan 13/17 J. Jw.
APR 21 1917	18th Res: Bn	SOS To MAN REG'L DEPOT and embarked for R.O.D.D.S.P.	Dibgate	20/4/17.	Part II D.O. 98
14.5.17	do	Re TAKEN ON STRENGTH.	do	13/5/17	Part II D.O. 121
20.11.18	Do	S.O.S. on posting to M.R.D.	Seaford	20.11.18	Pt 2 Ord 374 T. Wipond Lieut. for Adjutant, 18th Res. Bn.

(*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				
25.11.18	MRD	S.O.S. on Embarkation for Canada	Seaford	22.11.18	Dg 328 D.E. Myles Lt for MRD
		Embarked England	23/11/18		
		Disembarked Canada	29/11/18		

Discharged 27-XII-18
C.O. 302 Para 4803
★ D.D.C. 251 ☆
Winnipeg MAN.

Thos Cook Lt Jr.
..... Lt. Col.
Officer Commanding No. 10 District Depot

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Adamson, H.
Surname Christian Name

Regimental Number 234184 Rank Pte. Address (in full)

Unit 203rd Bn.

Original Unit

District where paid M.D. 10.

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay $ per diem: Field Allowance $ per diem. Separation Allowance $ per month.

L. L. 46038—M. & D. 9245.

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127.
25M.—8-18.
1772-39-1140.

Remarks: Account opened 2-1-19.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

Dec'n No..... W.S.G. File No.....
Award..... days at $..... per day $.....
S. A..... months at $..... per mo. $..... $.....
Less P, D. P. Credited $.....
$.....
Less further debit balance $.....
Net due paid as below

TO SOLDIER				TO DEPENDENT			
	Ag. No	Ch No	Amount		Ag No	Ch No	Amount
1							
2							
3							
4							
5							
6							

Dependent .....

Address.....

.....

.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1						1				
2						2				
3						3				
4						4				
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

L. L. Job 4503.—M. & D. 6832.

19-1-17

P Rel

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mr Mary A Adamson

Address ~~1287~~ Alexander ave
1259 Winnipeg Man

By Whom Assigned Adamson H

Regtl. No. 234184

Rank ~~Pte~~

Corps 203d Bn

Rate ~~20~~ 15.00 July 1/17.

NOV 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			⊙ 2M 1/7/17 Eab 20/7/17.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CANADIAN
ASSIGNED PAY AUDITED
3K
DATE 19-5-19

OK
Consolidated
Account.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2 Margt. Adamson (Assignee)

L. L. Job 5470—Req. 6888.

PAYMENTS. 234184

Name of Soldier Adamson H 203rd Bn Pte

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		A 33444	20	
Dec.		V 34816	20	
Jan.	1917	C 38027	20	
Feb.		C 43092	20	20 R
March		C 49381	20	20 L.
April		D 87	20	20 E.
May		D 6264	20	1259 Alexander Ave, Winnipeg Man
June		D 12643	20	20 B
July		D 19890	20	S
Aug.		B 28344	10	10.00 Aug to adjust.
Sept.		E 38735	15	S 15.00 Future. $205.00
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Paid 19/9/17

NOV 1 1916

CANADIAN ASSIGNED PAY AUDITED
OK
AUDIT CLERK
DATE 1/9/17

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier [illegible]

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1913			
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.				

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A 619

Date of Assignment Nov 1. 1916.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

~~20~~	15		

PARTICULARS OF SEPARATION ALLOWANCE

No. 234184

Rank Pte Promoted Reverted Discharge

Soldier's Name H. Adamson.

Battalion 203rd Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Margt. M. Adamson.

Address 1259 Alexander Avenue

Change of Address Winnipeg. Man

1

2

3

4

REMARKS 95—H—18.

41876

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Sept 1917.			205	205	
Oct.	C 50021		15	15	
Nov	C 51827		15	15	T
Dec "	C 59570		15	15	
Jan	F 60833		15	15	
Feb	B 90593		15	15	
Mar	G 97818		15	15	
Apl	G 7587		15	15	
May	A 10513		15	15	
June	B 13447		15	15	
July	Y 26403		15	15	
AUG	A 28880		15	15	
SEP	A 35492		15	15	
OCT	A 42116		15	15	
NOV	A 50219		15	15	
DEC	B62547		15	15	
			430	430	

apl A/c Closed 31/12/18

mD 10 Ret'd per Aquitania

Date 28/11/18 R.X. 31/12/18

Clerk J Bolus

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22820—M. & D. 7883.

CANADIAN
ASSIGNED PAY AUDITED
OK
AUDIT CLERK
DATE 19...

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—172-89-1141
L. L. 22320—M. & D. 7593.

Number 234184 Rank Pte

Surname ADAMSON

Christian Name Stanley

Unit 203rd Battalion Theatre of War England

Date of Service 4-11-16

Remarks

Latest Address 1259 Alexander Ave
Winnipeg Man

Roll No.

No. 234184 RANK Pte NAME Adamson, Herbert

T.O.S. 7-3-16 UNIT 203rd Battalion C.E.F
(D.O. 13 of 9-3-16)

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Mar 7	Mar 31	✓		
April		✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓	Forfeits 4 days pay. C.24.L.	Do 234 of 18-10-16.

V

SURNAME. Adamson

CHRISTIAN NAMES Herbert.

REGL. No. 234184. RANK Pte.

UNIT 21 3rd.

FORMER CORPS Nil.

CARD NO. #10
10

S.O.S. Dis 27-12-18
Demob FOLL.
no 361 of 24-12-18
10 20 40

Can.

NEXT OF KIN.

NAMES IN FULL Adamson, Mrs. Margaret.

RELATIONSHIP TO SOLDIER Mother.

Sa all. 25-9-17. 1259

ADDRESS 1284 Alexander Ave. Winnipeg. Man.,

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland, Edinburgh., DATE May. 30th. 1899.

PLACE OF ATTESTATION Winnipeg, Man., DATE Mar. 7th. 1916.

Sailed from Halifax per S.S. "Grampian"
26-10-16. R/e 28-11-18 231/120

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Boiler Maker. RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE 16 YEARS — MONTHS

HEIGHT 5 FEET 2 1/2 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 5 INCHES

COMPLEXION Dark EYES Brown HAIR Brown.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Winnipeg, Man, DATE Mar. 7th, 1916.

Present Address. 1284 Alexander Ave., Winnipeg, Ma

*Name Adamson, Herbert Rank Pte Regtl. No. 234184

Fyle Depot 10-D-D-A-61

Original unit 203r Present unit M.R.D. M. or S. Age. 16 Religion. C.E. Ref. H.Q.

Port, ship, and date of arrival Quebec Aquitania 28-11-18

Next of kin Margaret Maggie Adamson 1275 Alexander Ave., Winnipeg Man.

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Boiler Vision Date and place of enlistment Wpg. March 7th 1916

Diagnosis Defective Vision Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
28-11-18	T.O.S.#10 D.D. Posted Cas. Coy. CO 288 P.4267DO 236	P.1753
	14 days landing leave with-subs.	
	Winnipeg, Man. Discharge 27.12.18 C.O. 202 Para. 1809 D.O. 251	

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192.
60M.—3-18 (D.P. 353).
1772-39-1243.

Form D.M.S. 1394.
7004.—100M.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... Jan 31st ..... 1917.

No 234184 Rank Pte. Name ADAMSON. HERBERT. ~~Hannen. Herbert~~ (SI).

Local Unit 18th Reg. Bn. Overseas Unit ..... Age 18

Examination held at St. Martins Plain.

DISABILITY.
~~Overseas~~—Local
(scratch one out).

DEFECTIVE VISION.

PRESENT CONDITION.

Enlisted March 7th 1916. Emg. Nov. 5th 1916. ~~Bugle band~~ ~~Duties~~. Has not done general training. West Cliff Hospital under date Jan 14th 1918 reports "right vision. 6/36 + left vision 6/9 +. Rt. High grade astigmatism. Glasses have not been ordered. Condition present previous to enlistment & was ~~NOT~~ caused by service. Recommend patient for Category B1". Other systems apparently normal but considering age and general build would not put higher than B11

BOARD RECOMMENDS:—

1. Fit for Duty ..... 8-11-18 B1 .....

2. Fit for duty after ..... weeks' physical training.

3. Fit for Temporary Base Duty ..... weeks.

4. Fit for Permanent Base Duty .....

5. Discharge .....

Signatures:—

Members { ..... Hytten Urquhart Capt ..... President.
..... George Hooper Capt C Staff .....
.....

APPROVED

Dated 6 FEB 1918 1917. ..... Capt.
FOR A.D.M.S. CANADIANS, SHORNCLIFFE
For A.D.M.S.

A 110
PL 382
Card closed

AUDITOR | PAYMASTER

7

M. OR S.

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

REGT. No. 2B418H RANK Pte. NAME (IN FULL) Adamson, Herbert. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 303 Bn. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS ~~1259~~ Alexander Ave
1290 chg'd 1/19 Winnipeg

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	Previously Paid $	Previously Paid C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
19																																						
BALANCE FROM PREVIOUS ACCOUNT																													848		✓33	-	141	48	✓				848 overpaid by 10 D.D. Per L.R.C.
Feb. 14		1.10							100	10																													330 1st payment P.D.I.
"															6820	✓33	-	✓																	25	62			330 2nd " "
" 4	153	"							350	00	✓																				74	48			275	52	✓		70 " 3rd " X.S.C.
" 7															6368		70	00	✓																205	52	✓		
April 2															✓ 128174		70	00																	135	52			70 " 5th " W.S.G.
															559306	✓	70	00	✓																				
May 2																																			65	52	✓		65 52 6th "
June 2															579659		65	52	✓																				
					350	-	✓		308	52	✓																		848		✓33	7	350	00	✓				
															Closed																								

AUDITED
JUN 9 1919 1919
Audit Clerk
M.D. 10

100M-1-19.—L. L. 53962-M & D. 9723.
M. F. W. 2596.
1772-38-1500.

P. 559.
MARRIED OR SINGLE Single

PLACE OF BIRTH Edinburgh, Scotland

NAME AND ADDRESS OF NEXT OF KIN Mrs. Margaret M. Adamzon
~~1259~~ 1259 Alexander Ave. Winnipeg, Man

RELATIONSHIP OF NEXT OF KIN Mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 234184 RANK Private NAME Adamzon, Herbert

IF IN PERMT. CORPS } WHAT UNIT } UNIT 203rd O.B. TRANSFERRED TO 18th Res. Bn DATE 6-2-17 AUTHORITY C.R. 11.71

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Winnipeg, Man TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION March 7th 1916. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $~~20.00~~ # 15.00 DATE EFFECTIVE ~~Nov. 1st 1916~~ July 1st 1917 Asst rendered 19/6/17
A2 form rendered 5-6-17.

PAYABLE TO Mrs. Margaret M. Adamzon, ~~1259~~ 1259 Alexander Ave. Winnipeg, Man. RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C 9

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Oct 31																													30	30	30				Balance pay Cards
Nov 1-30	30	1.00	30	00	30	10	3	00						33	00	16	9/11/16							9	74			20	00	29	74	2	96		2	96	
Dec 1-31	31	1.00	31	00	31	10	3	10						34	10									2	43			20	00	22	43	14	63		14	63	Repayment to Ordnance No 24
		.10	6	10																															
1917 Jan 1-15	15	.10	16	50										16	50																					Francis to 7 Res Bn 6-2-17 Cuthy C.R. 221-17 #71
16 31	16	1.00 .10	17	60										17	60															27	26		Nil			
Feb 1/28	28	.10	30	80										30	80	9	27/2							7	30			20		27	30	3	06			
Mar 1/31	31	.10	32	10										34	10	30	28/2	26	19/2	3	29/3			5	11	7	42	20		44	70	20	46			
																26	19/2	3	29/3					4	87	7	30									
Apl 1-30	30	1.10	33	00										33	00													20	386	23	86	29	60			Q.H.O.S. 1/4/17, 25/3/17
May 1/31	31	1.10	34	10										34	10	9	24/4							4	94			20		29	86	3	63	84		
																6	13/4							4	87											
June 30	30	1.10	33											33		177	14/5	242	13/6					4	86	4	99	20		34	72	32	14			
																133	5/5							4	87											
July 21	21		24	10										24	10	364	14/6							4	30			15		22	30	43	92			
Aug. 31	31		34	10										34	10	478	29/6							4	99			15		19	99	58	03		— 58	03
																556	11/7	685	7/8					9	74	9	74									
Sept 30	30		33											33		667	27/7	784	27/8					7	30	9	73	13	69	52	20	38	83			Arons/13365/18/7/17
			367	10										367	10									75	94	41	61	205	602	328	57	388	3			

Carried Forward

CANADIAN
ASSIGNED PAY AUDITED
OK
AUDIT CLERK
DATE 19-5-19

18

234184. Pte Adamson. H. 9/Pay. 15.00 xx

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS			CR. 1	CR. 2	PARTICULARS								DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.															
Oct 1/17	Bal. Fwd			38 83																														
	29			34 10												15																			
						AR Rch 13/9/17 18 Res								9 73																						
				34 10		AR 915 29/9/17 18 Res								7 30				40 90																		
Nov	Mth			33 00		" " C.A.P.								703		15																			
Dec	"	"		34 10		AR 975 11/10/17 18 Res.								9 73		15																				
						AR 1022 27/10/17 18 Res								9 73																						
						AR 1098 17/11/17 18 Res								9 73																						
						AR 1168 27/11/17 18 Res								9 73																						
						Choos. Fish 19/12/17.								1 34																						
				67 10		CAP.								40 26		15 30		37 74																	
Jany	1918	P.O.		34 10		C.A.P.										15																		
						AR 1199 9/1/18 18 Res.								9 73																						
						" 1358 17/1/18 "								9 73				37 38																		
Feb.				34 10										19 46		15																		
"	"			30 80		C.A.P.										15																			
						A.R 1336 10-1-18 18 Res.								10 70																						
						" 1406 23-1-18 "								7 30																						
						" 1560 12-2-18 "								9 73				25 45																		
				30 80										27 73		15																		
Mch.		"		34 10		C.A.P.										15																		
						AR 1697 27/3/18 18 Res								7 45																						
						" 1805 11/3/18 "								9 73																						
						" 1907 25/3/18 "								9 73				20 22																		
				34 10										24 83		15																		

CANADIAN ASSIGNED PAY AUDITED
OK
AUDIT CLERK
DATE 10.5.19

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1-7-17	EFFECTIVE DATE:-	
AMOUNT:-	15⁰⁰	AMOUNT:-	

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

Mrs Margaret N Adamson a-2m 5/19
1259 Alexander Ave
Winnipeg Man
Canada
Mother Stopped effect 1/1/18.

NAME:- ADAMSON Herbert 15

NUMBER:- 234184

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 203 Bn

DATE ACCOUNT FIRST OPENED:- 1-11-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			M.R.D.

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
11/11/18	2185	Seaford	9 73				
18/11/18	2329		29 20				
			38 93				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Ter. Bal. $ 44.55. L.S.C. Bal. $ 5.62 Disch Canada. 30/11/18.

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Mch.	Bal. Forward								20 22		
Apr.	P.P.	33 -		C.A.P.				15			
				A.R 46 11 7/18 18 Res	2 43						
				" 147 29 7/18 "	2 43				33 36		
		33			4 86			15			
May.	P.Pay	34 10		C.A.P.				15			
				AR 276 13/5/18 18 Res	7 30						
				" 438 27/5/18 "	7 30				34 86		
		34 10			14 60			15			
JUN	"	33		C.A.P.				15			
				AR 654 13/6/18 "	9 73				46 13		
		33			9 73			15			
JUL	"	34 10		C.A.P.				15			
				" 952 15/7/18 "	17 03						
				" 1086 29/7/18 "	9 73				38 47		
		34 10			26 76			15			
Aug.	"	34 10		C.A.P.				15			
				" 1254 12/8/18 "	9 73						
				" 1382 26/8/18 "	14 60				33 24		
		34 10			24 33			15			
SEP	"	33 -		C.A.P.				15			
				" 1506 11/9/18 "	14 60						
				" 1658 26/9/18 "	9 73				26 91		"Congress
		33			24 33			15			
Oct.		34 10		Car				15			
				" 1883 14/10/18 "	9 73						
				" 2018. 28/10/18 "	9 73				26 55		
	Forward	34 10			19 46			15			

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Blce Swa.								26 55		
~~Oct 31~~ Nov.		33.		Cash.				15.	44 55		
				AR2185. 18 Re. 11/11	9 75						
				" 329 " 18/11	29 20				5 62.		
		33.			38 95			15.			
				S.O.S. to Canada. 22.11.18							
				D.O.# 329. d/25/11/18. M-R-A.							

CANADIAN
ASSIGNED PAY AUDITED
OK DBeach
AUDIT CLERK
DATE 19-5-19

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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

44-A-474

This space to be for numbers

DEPT. MILITIA & DEFENCE JAN 17 1919 H.Q. CANADA

Proceedings on Discharge.

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

No. 234184

Rank Private

Surname Adamson.

Christian Name Herbert

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 203rd. O/S. Battalion

Date of Discharge December 27th. 1918.

Place of Discharge Winnipeg, Man.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	19 years 7 months.	
Height	5 feet 3 inches.	
Complexion	Medium	- Nil -
Eyes	Brown	
Hair	Brown	
Trade	Boilers Makers Apprentice.	
Intended place of residence (To be given as fully as practicable.)	1259 Alexander Ave. Wpg. Man.	

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

Demobilization, R.O. 1420 (C)

D.O. 251.

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

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

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

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

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

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations..... To be copied by the Commanding Officer on to the parchment Discharge Certificate.

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

(Place).....

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

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

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

(Place) WINNIPEG, MAN. H Adamson *(Signature of Soldier.)*

(Date) DEC 27 1918 Thos Leech *(Signature of Witness.)*

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

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

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

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

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) WINNIPEG, MAN.

(Date) DEC 27 1918

(Signature) R Lieut-Col. Lt. Col. Officer Commanding No. 10 District Depot

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.)

None

H Adamson

(OVER)

PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....Herbert Adamson.....have heard the description of my disability read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....

.....

.....

.....Herbert Adamson.....
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

PART I.

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D.345

Reserved for M.H.C.

Regt. No. 234194 Rank PTE Surname ADAMSON Christian Name HERBERT

Unit or Corps—(a) Overseas from United Kingdom 203 BATT (b) in United Kingdom NIRD (R)

Born at—Town EDINBURGH County or Province Country SCOTLAND

Date of Birth—Day 30 Month MAY Year 1899 Age 19 yrs. 5 months.

Joined at WINNIPEG MAN Date 7-3-16

Former trade or occupation BOILERMAKER

Permanent Marks or any peculiarity that will serve for future identification :—

none

Height—feet 5 inches 2½ Colour of eyes BROWN

Signature of Soldier (*for identification purposes*) H. Adamson

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

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

Disabilities Group (*a*) 1 DEFECTIVE VISION

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	CONGENITAL	SCOTLAND	1899
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

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

(*i.*) As to Group (*a*) above ? Yes If yes, has Active Service aggravated it ? N/A

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

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

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

(*i.*) As to Group (*a*) above ? N/A

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

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

PART I. (continued).

5. MEDICAL HISTORY.

Height—feet ... inches. Colour of eyes ... Colour of hair ...

Signature of Soldier (or witness to mark) examined.

6. PRESENT CONDITION.

Objective Good physical condition for age (19 yrs)
Rash on face ... acne vulgaris?
Can't read Medicine Daily with ... right eye, especially.
Specialist's report attached - says
Rt. eye has high grade ... myopia
Vision R 6/36 L 6/9 - Recommended for T.S.
Condition - not caused by service.
Board Report - Jan 31/17
build to feet ... Eyesight and general

7. OPERATION. (i.) Was one performed? no (ii.) If so, state what.

(iii.) Was one advised and declined? no

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? no.

(ii.) If so, describe. no

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) Yes B II

(b) Invalid to Canada? no

(c) Discharge from the Service as permanently unfit? no

Date of Report ... 19 ... 191...

Signed ... Officer in medical charge of case.

Station ... Capt. RAMC

NOT IN HOSPITAL

I have satisfied myself of the general accuracy of the above Report,

and concur therein *except ...

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

Dated at ... Station, on ... 191...

*Delete if inapplicable.

PART II.

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

10. Is the disability fully described in Part I. (1)? Yes.
If not, describe it.

11. Is the cause of the disability fully described in Part I. (2)? Yes.
If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by:—
(a) Negligence of the Soldier {Caused? no / Aggravated? no}
(b) Misconduct of the Soldier {Caused? no / Aggravated? no}

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.) none

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) none

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? not appl.
(ii.) If not permanent, what is its probable minimum duration *(in months)*?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? not appl.

17. Can the former trade or occupation be resumed? Yes

18. REMARKS:— Certificate A.F. telegram 9083 11/11/18.

19. RECOMMENDATION.—
(a) Fit for duty? (state category) Yes B II
(b) Invalid to Canada? no
(c) Discharge from Service as permanently unfit? no

Date of Board 19 ... 191...

Signatures of the Board	Station	Category	Signature of M. O.
President.			
	Seaford.		

Approved ... A.D.M.S.

Dated at Seaford, Sussex Station ... 19 NOV 1918 191