

REGIMENTAL DOCUMENTS

NAME *AGNEW ADAM*

REGT. NO. *3107103*

UNIT

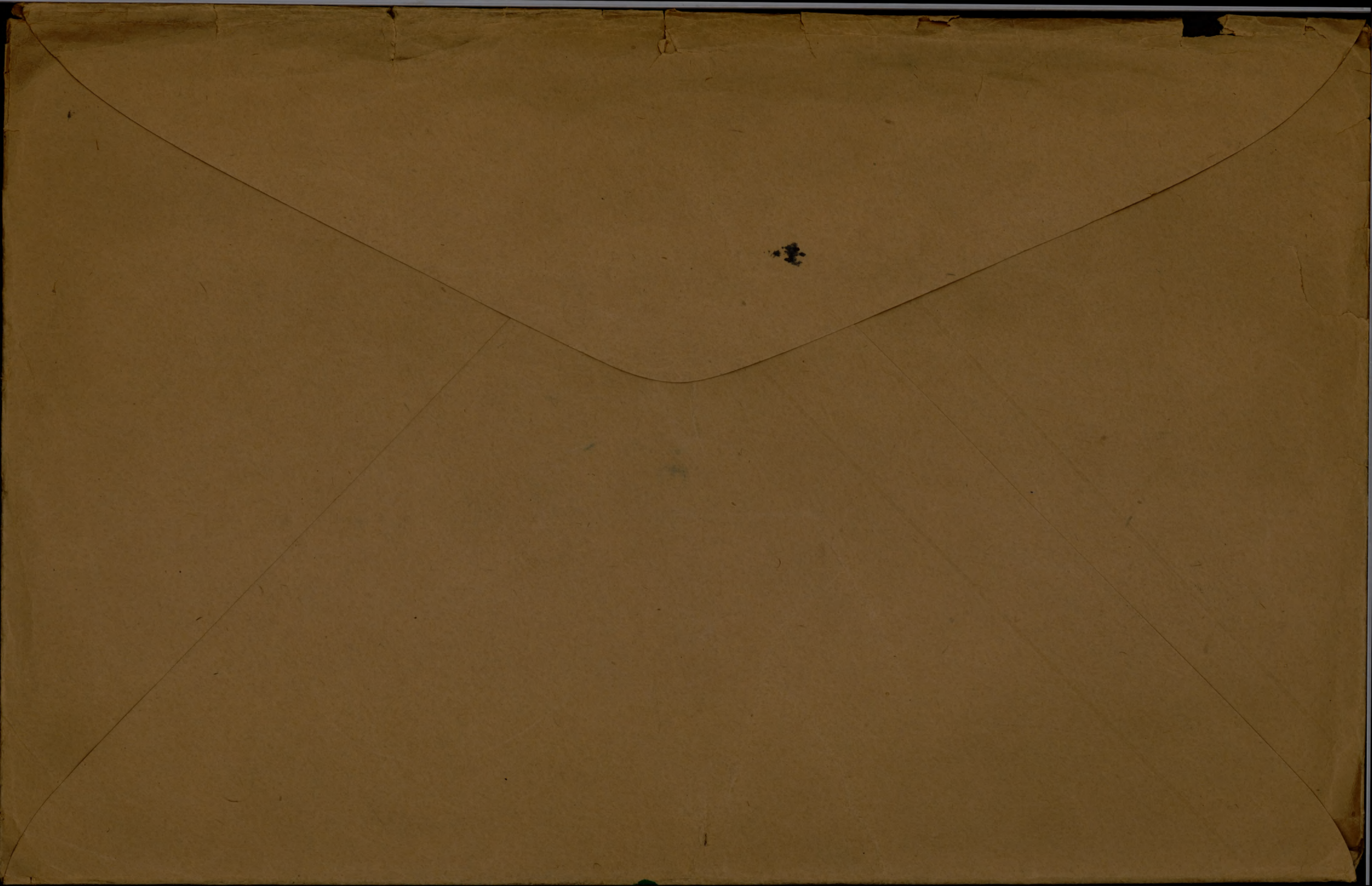
H. Q. FILE NO. *2555*

<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">S</div> <b>CONTENTS</b>	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					<b>DEATH</b>
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1 TRAINING HISTORY SHEET (M.F.W. 113)					
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. 129)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					<b>DISCHARGE</b>
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					<b>DESERTION</b>
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 213 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>1 A.F.B. 115</i>					
<i>1 M.F.W. 129</i>					
<i>1 Memo HAS</i>					

M

*Medals forfeited*

H



RR

6

Irish ORIGINAL

B.C.R.M.

# ATTESTATION PAPER.

1st Depot Batt'n 2nd C.O.R.

No. 31073  
Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- |  |   |    |
|--|---|----|
| 1. What is your surname?.....  | A G N E W                                   | 13 |
| 1a. What are your Christian names?.....  | Adam  |    |
| 1b. What is your present address?.....   | 608 East Wansley St. Philadelphia. Pa. USA. |    |
| 2. In what Town, Township or Parish, and in what Country were you born?.....                                       | Londonberry. Ireland.                       |    |
| 3. What is the name of your next-of kin?.....  | Alice Agnew.                                |    |
| 4. What is the address of your next-of-kin?.....   | 608 East Wansley St. Philadelphia. Pa. USA. |    |
| 4a. What is the relationship of your next-of-kin?.....   | Mother.                                     |    |
| 5. What is the date of your birth?.....  | Sept 26th 1894                              |    |
| 6. What is your Trade or Calling?.....   | Labourer.                                   |    |
| 7. Are you married?.....   | Single.                                     |    |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?.....  | Yes.  |    |
| 9. Do you now belong to the <del>Naval</del> Militia?.....   | No.   |    |
| 10. Have you ever served in any Military Force?.....<br><small>If so, state particulars of former Service.</small> | No.   |    |
| 11. Do you understand the nature and terms of your engagement?.....  | Yes.  |    |
| 12. Are you willing to be attested to serve in the }<br>CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }                  | Yes.  |    |
| 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? ..                   | No.   |    |
| 14. If so, what was the nature of the disability? ..   | No.   |    |
| 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? ..                     | No.   |    |
| 16. If so, what was the reason?.....   |   |    |

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

I, Adam Agnew, 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.

*Adam Agnew* (Signature of Recruit)

Date February 6th 191 8 *[Signature]* (Signature of Witness)

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

I, Adam Agnew, 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.

*Adam Agnew* (Signature of Recruit)

Date February 6th 191 8 *[Signature]* (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 Toronto Ont this 6th day of February 6 191 8.

*[Signature]* (Signature of Justice)

M. F. W. 23.  
750 M.-1-17.  
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Adam Agnew. on Enlistment.

Apparent Age 23 years 4 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 ft. 9 1/2 ins.

nil

Chest measurement { Girth when fully expanded 39 ins.  
 Range of expansion 4 ins.

Birthmark Left Arm.

Complexion Medium

Eyes Blue.

Hair Brown.

Religious denominations.  
 Church of England.....  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic R.C......  
 Jewish.....  
 Other denominations.....  
 (Denomination to be stated.)

V.R.D. 25 L.D. 25

Hearing Normal.

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 February 4th 1918 S.C. Rand. M.O.

Place Chicago, Ill. USA J.C. Glose M.O.

\*Insert here "fit" or "unfit." J.B. Willoughby, M.O. Medical Officer.

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.

Adam Agnew.

.....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.B. Willoughby (Signature of Officer)

Date FEB 9 1918 1918 . 1st DEPOT BN., 2nd C. O. R.

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				

**Casualty Form—Active Service.**

Regiment or Corps 1st Depot Bn. 2nd C.O.R.

Regimental No. 3107103 Rank Pte. Name Agnew, Adam

Enlisted (a) 6/2/18 Terms of Service (a) <sup>Duration of War</sup> 16 mths Service reckons from (a) 6/2/18

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

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

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				
14-3-18	8th Res.	<u>J.O.S. from Canada</u>	<u>Embarked Canada</u> <u>Disembarked England</u>	<u>21/2/18</u> <u>4/3/18</u>	<u>PT. 2 No. # 73</u>
30-5-18	8th Res.	<u>S.O.S. Having been declared a deserter by Court of Inquiry.</u>	<u>Witley</u>	<u>29-5-18</u>	<u>D.O. #150</u>

*Certified Correct*

*Agnew*  
CANADIAN RES: 3107103

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

*[Handwritten signature]*

*No further disposition*

No Card

Deserters.

Name..... *AGNEW A* ..... Regt No..... *3107103* .....  
(In block letters)

Date of Desertion..... *6-5-18* .....

Date of Part 11 Order..... *30/5/19* ..... Unit issuing..... *8<sup>th</sup> Res* .....

Number of Part 11 Order..... *150* .....

Date of Last Payment..... *28-4-18* ..... Unit paying..... *8<sup>th</sup> Res* .....

Amount of Assignment..... *15<sup>00</sup>* ..... Date stopped..... *1-7-18* .....

Name & address of assignee..... *16<sup>th</sup> Agnes* .....

*608 E. Mensley St  
Phil. Pa. USA*



# MEDICAL HISTORY SHEET

Surname Agnew.

Christian Name Adam

*3107103*



Examined { on 5 day of Feby 1918  
at Chicago ILL

Approved by \_\_\_\_\_  
Rank \_\_\_\_\_ M.O.

Birthplace { City or Town Londerry  
County Ireland

Apparent age 23.Yrs

Trade or occupation Labourer

Height 160 feet \_\_\_\_\_ inches

Weight \_\_\_\_\_ lbs. 35

Chest measurement { Minimum \_\_\_\_\_ inches  
Maximum expansion 39 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks { Arm Right 0 Left 4  
Number Childhood

When Vaccinated last \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection nil

Both Eyes D 25 Hearing Normal.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT

Date	Result	VACCINATIONS
<u>8-2-18</u>		

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>8-2-18</u>		
<u>11-2-18</u>		
<u>13-2-18</u>		

Enlisted on 6th day of February 1918 at Toronto, Ont.

	CORPS	REGT'L NUMBER	HABITS	DATE
Joined on enlistment	<u>1st. Depot B</u>			
Transferred to	<u>2nd C.O.R.</u>			
	<u>8th Res Bn</u>			<u>21. 2. 18.</u>

### 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.



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..... 1st Depot B'n 2nd C.O.R.

(2) Regimental Number..... 3107103

(3) Full Name of Soldier..... Agnew, Adam

(4) Place of Birth..... County Derry, Ireland.

(5) Are you married, or not?..... Single

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

(b) Present Postal Address.....

(7) Are you a widower?..... Not

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

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

Also their names and ages.....

(9) Is your Father alive?..... Not .....

If so, state name and address .....

(10) Is your Mother alive?..... Yes .....

If so, state name and address Alice Agnew .....

608 Wensley St., Philadelphia, Penna., U.S.A. .....

(11) If your Mother is a widow..... Yes .....

Are you her sole support, or not?..... Not .....

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

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

(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?..... Not .....

If so, in what Company?.....

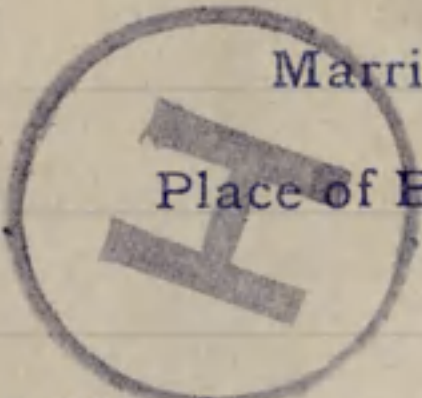
Have you made arrangements for payment of your Insurance premium.....

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

Date February 12th 1918.

*J. Hyde Bennett Meyer*  
for Officer Commanding.

G.C. Rank Name AGNEW. Adam. Reg'l No. 3107103.  
 Unit 1st Bn 2nd C O Regt If in perm. Corps, }  
 What Unit? }



Place and Date of Enlistment Toronto. 6th. Feb 1918.

Married or Single Single.

Place of Birth Londonderry Ireland.

Name and Address, Next-of-Kin Alice Agnew.

608 East Wansley St. Philadelphia. Pa. USA.

Relationship

Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

*2 COK*

N/E. R.B. No. *3678*  
 File R.L.  
 Category *Deserters*

Discharge, Date and Place

Reason

Character

*Htc*

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.				
14.3.18	8th Res	Arrived in England T-O-Strength	E. Siding 21.2.18	4-3-18	S/S MELITA D.O. 73
30.5.18	8th Res	A.W.L. from m-n 6-5.18 to 29-5.18. Having been declared a deserter by b. of Inquiry is S.O.S. <i>OK</i>	Wikey Pa	29-5-18	D.O. 158



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch **A**

**5982**

*Feb. 1. 1918*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

AUTHORITY } *71 R.*  
 FOR }  
 NEW ACCT. }

RATE OF ASSIGNMENT

<i>\$15.00</i>			
----------------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT *Mother*

No. *3107103*

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *Agnew, Adam.*

Battalion *1st Depot Bore. 2nd C. O. R.*

Beneficiary

Relationship

Address

Name *Mrs Alice Agnew.*

Address *608 Wensley St. Philadelphia, Pa. U. S. A.*

*(Street 605) - 608* Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
<i>Feb 1918</i>	<i>C 78522</i>		<i>15</i>	<i>15</i>	<i>R</i>
<i>Mar</i>	<i>M 78287</i>		<i>15</i>	<i>15</i>	<i>R</i>
<i>Apr</i>	<i>G 7717</i>		<i>15</i>	<i>15</i>	<i>b</i>
<i>May</i>	<i>F 10644</i>		<i>15</i>	<i>15</i>	<i>b</i>
<i>June</i>	<i>Z 7052</i>		<i>15</i>	<i>15</i>	<i>b</i>
<i>July</i>	<i>Z 18043</i>		<i>15</i>	<i>15</i>	<i>b</i>

REMARKS *121-A-4.*

*MR 01 100*

*AP Stopped Eff. 1/7/18 8 PM bable P 9233*  
*18/6/18 Deserter #6. 21/6/18 m RO 2 A.*  
*Confirmed 3 m 12/6/18. J.B. 5/7/18*

*MR 0 1 B 22 4/8*

**AUDITED** *218043 bacc 15/18*  
*26/8/19 MR 0 108312*

*Mabel Ward 28/2/18*







Reg. No. 3104103	Rank. Pte	Surname ..... Agnew Christian Names (1) ..... Adam (2)..... (3).....	Category. a-2	Dentally Unfit.
Date .....				

Place of Enlistment: Toronto.	Date of 6.2.18	Taken on from Canada	Religion P. b.	Inoculations 13-2-18	Company A
Province: Ont.	Age on 23	Date 21-2-15		Vaccination 8-2-18	

On Command.....	Hospital.....	Permanent Cadre	Employed as
		Date taken on	
Date Proceeding	Date Admitted		

Record of Overseas Service:	Profession or Trade (Civil) Labourer
	Transferred or Posted to
	Date.....

Reason for Return:	LEAVE.			
Married or Single ..... Single	No. of Pass Issued.	FROM.	To.	Free Transportation.
Address of Next of Kin..... Mother	a 377	1-5-18	6-5-18	Yes.
Alice Agnew 608 E Wansley St. Philadelphia USA.				
Country .....				

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

649-a-7378

CARD NO.

SURNAME.

Agnew

CHRISTIAN NAMES

Adam

FOLL.

REGL. NO.

3107103

RANK

Pte.

J.O.S. Feb 11-18

UNIT

2nd Cen. Ant. Regt. 1st Dep. Bn (4th R.R.)

HOSPITAL 42

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Agnew, Mrs. Alice

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

605  
~~608~~

East Wansley St,  
Philadelphia, Pa., U.S.A.

605 P. 24/4/18-1918

COUNTRY OF BIRTH

Ireland Londonderry

DATE

Sept. 26<sup>th</sup> - 1894

PLACE OF ATTESTATION

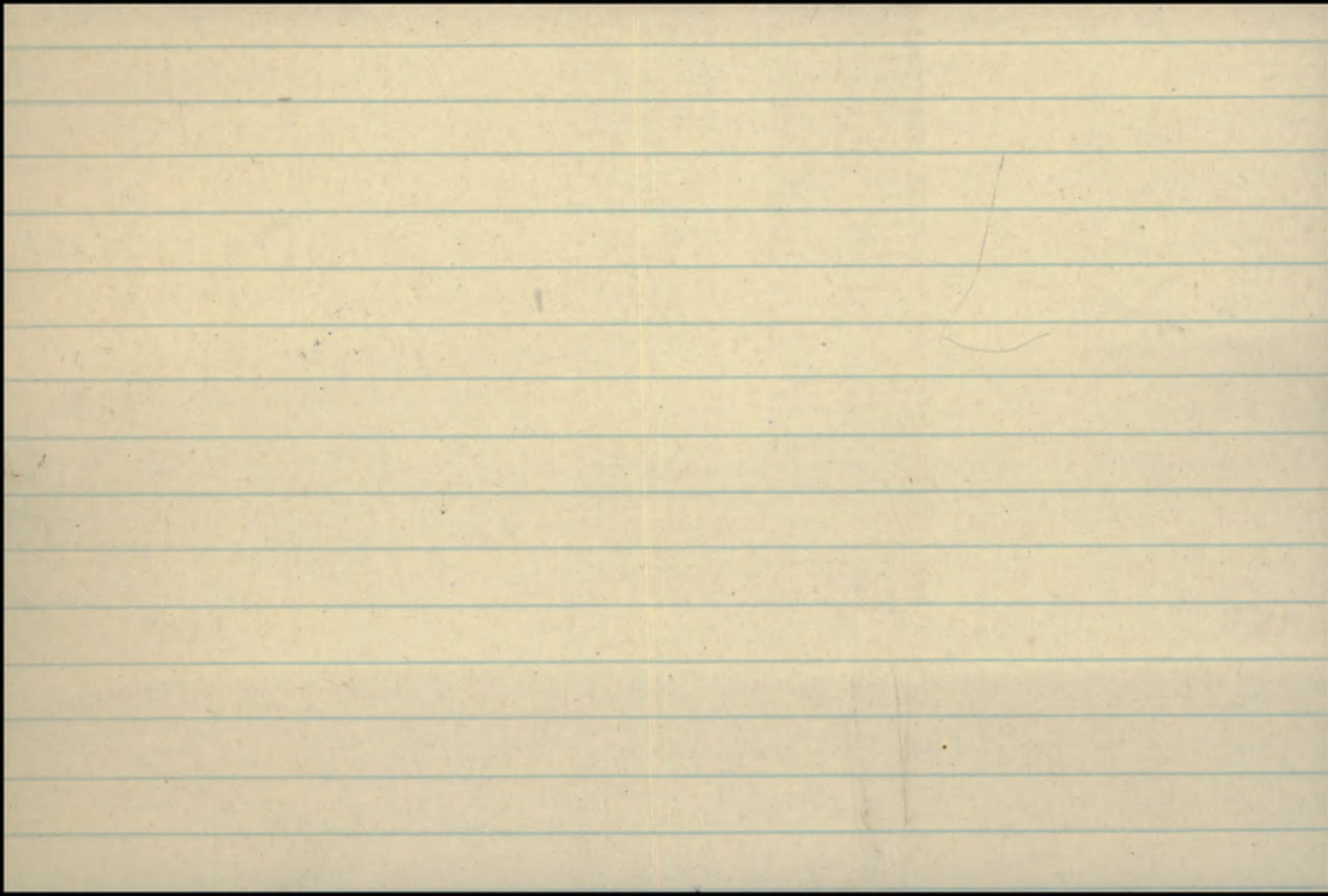
Toronto, Ont.

DATE

Feb. 6<sup>th</sup> - 1918

From Halifax P.O. 21-2-18

0/8-21-2-18 1098



~~900~~  
Number

3107103.

Rank

Pte

Surname

AGNEW.

Christian Name

Adam.

Units

C.O.P.

Theatre of War

England

Date of Service

4-3-18

Remarks

Latest Address

\_\_\_\_\_

Roll No.

10m.-8-21."

\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:- <i>1/3/18</i>		EFFECTIVE DATE:-	
AMOUNT:- <del>15.00</del>		AMOUNT:-	

NAME:- *AGNEW. Adam*  
NUMBER:- *3107103*

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.
<i>M<sup>rs</sup> Alice Agnew. NR 608 E. Wensley St. Phil Pa USA Mother Stopped eff. 1<sup>st</sup> July 1918 (Deserted)</i>	

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Private</i>

UNIT AND TRANSFERS			
ORIGINAL UNIT:- <i>1<sup>st</sup> Depot Bn. 2COR</i>	DATE ACCOUNT FIRST OPENED:- <i>1/3/18</i>	AUTHORITY	DATE EFFECTIVE

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

*QO/150 30/5/18. 8 Res 6/5/18 awk. 1.7.18 19.7.18 "B" N.E. SOS Deserted 29/5/18*

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1 00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:-												
1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION	
March	Balance forward								<i>24 03</i>			
April	Ptes Pay	<i>33 00</i>		AP								
				AR 154 10/4/18	<i>8 Res</i>				<i>4 87</i>			
				Q4005/43 18/3/18					<i>26</i>			
				Q4005.744. 19/4/18					<i>56</i>			
				AR 734 28/4/18					<i>24 33</i>			
		<i>33 00</i>							<i>30 02</i>			
May	Ptes Pay	<i>34 10</i>		AP								
				AWL MN 6.5-18 to 28.5-18.								
				SOS as a Deserted 29.5-18								
				8 Res No 150 30/5/18					<i>27 50</i>			
				Pay of back 7. N 31.5-18					<i>27 50</i>			
		<i>34 10</i>							<i>15</i>			
June	Ptes Pay	<i>33 00</i>		AP								
				Deserted. F.A. June D-back					<i>15</i>			
		<i>33 00</i>							<i>33 00</i>			
									<i>15</i>			
									<i>11 39</i>			

NON EFF AC







