2 Enlistment

S

REGIMENTAL DOCUMENTS

NAME ADAIR. ANTHONY MATTESON. REGT. NO. 802219 UNIT 1st Can Garr Regt H. Q. FILE NO. 929

H

2nd Enl.	1st Enl.	CONTENTS.	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	5	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
/	/	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
.	/	~~TRAINING HISTORY SHEET (M.F.W. 115)~~ Record Sheet					
/	/	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	/	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
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/	2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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/	/	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					1st Irregular Enlistment
	4	MEDICAL EXAMINATION (M.F.W. 129)					2nd Demob.
/		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)					
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/	/	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
6	3	Misc. Cards.					
		Pay sheet.					
/		M.F.W. 67.					

W. 2569
100M-11-19
17?2-39-1377

135th O. S. Battalion, C. E. F.

Stretcher Bearer.

5994

ORIGINAL

Original

ATTESTATION PAPER.

No. 802219

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Pat. Before AT

A

QUESTIONS TO BE [illegible] TESTATION.

(ANSWERS.)

1. What is your surname?	ADAIR
1a. What are your Christian names?	Anthony Matterson
1b. What is your present address?	21 Rathgar Street, London Ontario.
2. In what Town, Township or Parish, and in what Country were you born?	Southwold, Elgin, Ontario.
3. What is the name of your next-of kin?	Mrs W. Adair
4. What is the address of your next-of-kin?	21 Rathgar Street, London Ontario
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	April 18th 1890
6. What is your Trade or Calling?	Musician
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? 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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Anthony Matterson Adair, 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.

A Matterson Adair (Signature of Recruit)

Date December 9th 1915. Arthur L. Morfee (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Anthony Matterson Adair, 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.

A Matterson Adair (Signature of Recruit)

Date December 9th 1915. Arthur L. Morfee (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 London this 9th day of December 1915.

W. D. Chittick (Signature of Justice)

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

5794

A

Description of Adair, Anthony Matterson on Enlistment.

Apparent Age 25 years 7 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. 6½ ins.

Chest measurement: Girth when fully expanded 35½ ins.

Range of expansion ~~3½~~ ins. 3½

Complexion dark

Eyes brown

Hair dark brown

Religious denominations:

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

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 December 10th 1915.

Place London, Ontario.

Major 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.

Anthony Matterson Adair 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.

B. Robson Lt. Col. (Signature of Officer)

Date 11-12 1915

5794

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

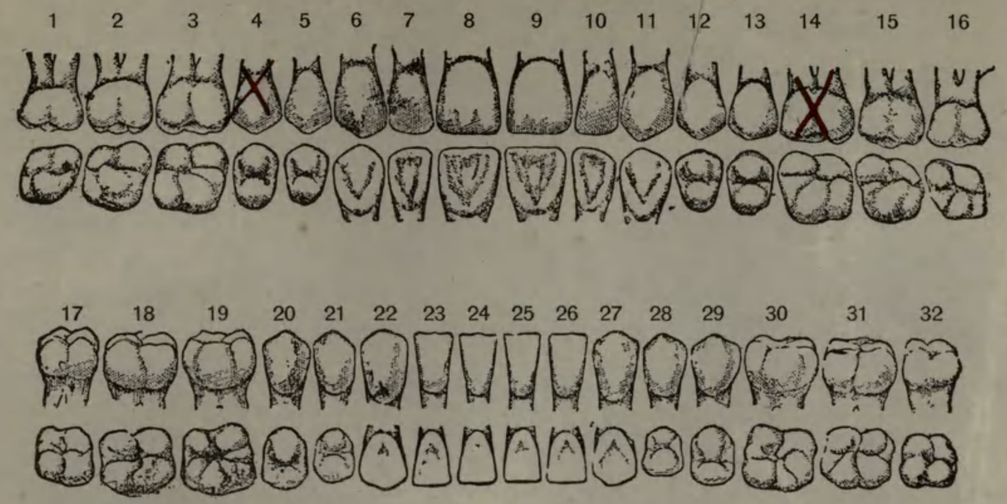
DISTRICT 1

NAME OF SOLDIER Cedar Anthony Matthews

REGIMENT Lab Bde

RANK Cpl

No. 802219



INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1919 Jan 10.										2/4.14.									Lieut Deans	I	Complete 10/1/19
	Jan 10/19.																			Lieut Deans.	I	Complete on Discharge

O.B. 465.
150M.—6-18.
177-89-850.

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N

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 802219 (Rank) Private.

Name (in full) ADAIR, Anthony Matteson. enlisted in

the 1st. Depot Battalion, M.O.R.

CANADIAN EXPEDITIONARY FORCE at London, Ontario. on the 20th.

day of June 1918.

HE served in Canada only.

and is now discharged from the service by reason of "On Demobilization" in

accordance with K.O.Nos.1328 and 1420.

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

Age	28 Yrs. 8 Mos.	Marks or Scars	Appendectomy
Height	5 Feet 7 Inches.		scar, Right Hernia scars.
Complexion	Medium.		
Eyes	Brown.		
Hair	Dark Brown.		

G W McLain
Signature of Soldier

Thomas Todd.
Issuing Officer

In O.C.
Rank

1st Bn. Cdn. Garr. Regt.
Appointment

Date of Discharge 10-1-19.

Signed at London, Ontario. this 10th. day of January 1919.

in Military District No. 1.

File Reference No. 1.D. 30-A-33, d/9-1-19.

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

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 .....

.....

On demobilization the particulars called for on the back of this certificate will not be completed.

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

.....
Name of Officer

.....
Rank

.....
Appointment

1st. Battalion.

10-1-19.

Canadian Garrison Regt.

2/1
RO-1420

Part 13-2-19

This space to be for numbers.

Military District No. 1
FEB 1 1919
30-9-33
I. M. D.....

Proceedings on Discharge.

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

No. 802219

Rank Private

Name Adair, Anthony Matteson
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 1st Bn. Cdn. Garr. Regt.

Date of Discharge 10-1-19

Place of Discharge London, Ontario.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 28 years 8 months.
Height 5 feet 7 inches.
Complexion Medium
Eyes Brown
Hair Dark Brown
Trade Musician
Intended place of residence (To be given as fully as practicable.) 21 Rathgar Street. London, Ontario

Descriptive Marks
Appendectomy Scar
Right Hernia Scars.

2. The above-named man is discharged in consequence of "On Demobilization" in accordance with R.O. Nos 13288 & 1420 I.D. 30-A-33 d/9-1-19 D.O. No. 9 para (2) Part II d/9-1-19

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 soldier 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.

50m.—3-16.
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) London, Ontario.....

(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) London Ontario G M McAlair .....(*Signature of Soldier.*)

(Date) 10-1-19 W. J. Lowe .....(*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) London Ontario

(Signature) Thomas Lord Capt

for 1st Bn. Cdn. Garr. Regt.

(Date) 10-1-19

Gate 5794 Original

ATTESTATION PAPER.

No. 802219 J

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	ADAIR
1a. What are your Christian names?	Anthony Matteson
1b. What is your present address?	21 Rathgar St., London, Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Southwold, Elgin Co., Ont.
3. What is the name of your next-of kin?	Susan Adair
4. What is the address of your next-of-kin?	21 Rathgar St., London, Ont.
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	April 18th. 1890
6. What is your Trade or Calling?	Musician
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 Naval or Military Force? If so, state particulars of former Service.	Yes. 2 years in 135 th Bn., C.E.F.
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	Yes
14. If so, what was the nature of the disability?	Neurasthenia
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?	

a. M.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Anthony Matteson Adair, 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.

A. M. Adair (Signature of Recruit)

Date June 20th. 191 8 John Rawling C.S.M. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Anthony Matteson Adair, 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.

A. M. Adair (Signature of Recruit)

Date June 20th. 191 8. John Rawling C.S.M. (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 London, Ont. this 20th day of June 1918.

W. H. Irvine Major (Signature of Justice)

Officer i/c Mobilization Centre

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.

J

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Description of Anthony Matteson Adair on Enlistment.

Apparent Age 28 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement: Girth when fully expanded 36 1/2 ins.
Range of expansion 2 1/2 ins.

Complexion Medium

Eyes Brown

Hair D.Brown

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- Baptist or ~~Congregationalist~~ X
- 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).

Appendectomy scar. Right hernia scars

Right Eye D 20/20 Left Eye D 20/20

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 C III for the Canadian Over-Seas Expeditionary Force.

Date June 20th. 1918. 191 . H A Simpkins Capt

Place London, Ont.

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.

Anthony Matteson Adair 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. L. Young Lieut. Colonel (Signature of Officer)
1st Depot Battalion, W. O. R.

Date 20-6-18 191 .

11

5794

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

649-A-3279
E

Number Rank Name and Corps of disabled soldier.

802219 Pte. Adair, Anthony; C.A.M.C.

Previous Civilian Occupation.

Music teacher.

Cause of disability:-

Neurasthenia, post operative. (occurring on service)

Condition in detail which prevent the soldier earning a Full livelihood:-

Patient has always been nervous - since enlisting he has been operated upon for Rt. Inguinal Hernia and appendicitis. following operation nervousness increased. at present - Poorly nourished young man, sallow, anaemic - tremors of hands & head moderate. Heart OK - Pulse 120. 2 Healing scars on abdomen - nervousness not extreme.

Opinion of the Board.

Degree of incapacity (Please state in fractions.)

15% ~~Total~~. (Diminishing to nil)

Probable duration of incapacity:-

3 months.

Does it render him permanently unfit for "Military Service? yes.

Would operation, special treatment or the use of appliances, etc., lessen incapacity. convalescent Home

Signature. W. Wade Capt President.

H. Stanley Kirkland Capt Members.

J. M. Manion Capt

Station. Quebec

Date 6.3.15.

Approved.

Date Mar 6/17 W. W. Carruthers Assistant Director Medical Service.

Date 22/3/17 Director General Medical Service.

9

R. & O. 6045 (*Revised*).
8778—10M—31/10/16.

5794 F

PROCEEDINGS OF A MEDICAL BOARD.

Dated at (23-1-17) 1916.

No. 902219 Rank Pte Name ADAIR, A. M.

Local Unit Canic. T. S Overseas Unit — Age 26

Examination held at (Westenhanger)

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

PRESENT CONDITION.

Very tremulous, especially noticed in tongue & hands. Reflexes exaggerated. Carried on from enlistment Dec. 10th '15 until April '16 when he was operated on for rt. inq. hernia. After this he remained in hospital for neurasthenia & was operated on for appendicitis in Oct. '16. Is poorly developed. Pulse 120 & heart enlarged. Gives a history of always being nervous.

BOARD RECOMMENDS: Is not the type for a soldier.

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 Yes E 179 the written up.

Signatures:

Members { Wm McLachlan Capt. President.

Disch Sgt 12-11-17

APPROVED

Dated at 1916.

For A.D.M.S.

L 11/1-564

Report No. EC. 5183 "F"

Class II.

Adair, Anthony M.
21 Rothgar, St.,
London, Ont.,

No. of M. H. C. File	No. of Local File	No. of H. Q. File
	MAY - 7 1920	

No. 802219 Rank Pte. Original Unit 135th Present Unit C.A.M.C.
Age 26 Height 5 ft. 7 ins. Complexion Medium Eyes Brown Hair D.Brown Character N.F.
Date of enlistment 9-2-15 Where enlisted London, Ont., Where seen service England
Ship returned by S/S.Northland. Date of arrival March 2-17. Port of arrival Halifax, N.S.
Birthplace Canada Religion Baptist
Name and address next of kin Mother above address

649-a-3279

Cause of disability Neurasthenia post operation (occuring on service)

Condition which prevents the soldier from earning a full livelihood

Patient has always been nervous since enlisting he has been operated upon for Rt. Inguinal Hernia and appendicitis, following operation nervousness increased, at present Poorly nourshed young man, sallow, anaemic-tremors of hand and head. Heart O.K.- Pulse 125. 2 Healing scars on abdomen- nervousness extreme.

Degree of incapacity (Please state in fractions) Eng. Board Total for 6 months Canadian Board Total dim. to nil.
Probable duration of incapacity 6 months will reduce
Is final disability likely to prevent return to previous occupation?
Recommendation of Canadian Board Convalescent Home
Destination to which transportation issued London Ont.,
Members of Board W.G.Dalpe Capt. S.H.Kirkland.Capt.T.B.Ponton,Capt. W.M.Carrick,Major.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Music Teacher & Organist
Regular trade or profession - do-
Average earnings previous to enlistment $25.00 per week Any other income
Name and address of last employer Own business
Rent per month ---- If purchasing property amount due and annual payment, $ -- $ --
Taxes 150.00 If Homestead, when is patent due? --
If carrying life or accident insurance, annual premium $50.00 per aum
If in receipt of sick benefits or other insurance—name of society I.A.T.S.E. Amt. per mo. $
If unable to follow previous occupation, name preference
At what age soldier left school? What grade, standard, &c., was he in?
Has he taken any Technical or Continuation classes, if so what?
Whether given Vocational Training while in Hospital in England. If so, what subjects?
References Last Employer
Witness E. McNaughton I declare that the above statement is correct.
Date 6-3-17 Signature A.M. Adair.

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H. Q., $ L. P. C. leaving Depot, $
Amount forwarded to H. Q. Unit, $ Credit Clothing allowances, $

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date
PENSION—Class..... Amount per year, $..... Period granted for..... Dating from.....
First payment due.....

Form No. 5a.

CLASS 1.—Men for immediate discharge without a pension.
(a) Unfit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

CLASS 2.—Men whose condition may be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 3.—Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

Form No. 25

Final payment [redacted] .....

PENSION—Class ..... [redacted] per year, $ ..... Period granted for [redacted] ..... Dating from .....

Transfd to ..... Date—Date ..... Transfd Class 1—Date ..... Transfd Class 3—Date .....

Annual forwarded to H. O. Unit, $ ..... Credit Clothing allowance, $ .....

Last Pay Card C.P. $ ..... D.P. $ ..... Amount held at Depot H. O., $ ..... L. P. C. forwing Depot, $ .....

Recommendation re. Interpretation as to classes likely to be of use, and General remarks

---

Date ..... Signature .....

Witness .....

I declare that the above statement is correct.

Referees .....

Whether given Occupational Training while in Hospital in England. If so, what amount employed?

Has he taken any Technical or Continuation classes, if so what?

At what age was so-called half school? What grade, standard, etc., was he in?

It should be noted that the Pensioner is to be under the supervision of the Director of Medical Rehabilitation, Ottawa, and no change in occupation may be made without the consent of the Director.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE IS EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment

Regular trade or profession

Average earnings previous to enlistment — Any other income

Name and address of last employer

Rent per month — If boarding, property, amount qua and annual payment, $ ..... $

Lease — If Housekeeper, which is better, qua?

If entitled to life or accident insurance, annual premium

If no receipt of sick benefits or other insurance—name of society

If able to follow previous occupation, state preference

Members of Board

Description of applicant (Please state if fractions) Ear Board — Canadian Board

Proposed disposition of incapacity

Is final disability likely to prevent return to previous occupation?

Recommendation of Canadian Board

Description of applicant, transportation issued

Report No. ..... Class II. ..... Date of Report ..... No. of Form ..... A.H.C. Form ..... MAY 12 1920

Name ..... Rank ..... Original Unit ..... Present Unit .....

No. ..... Age ..... Height ..... ft. ..... in. Complexion ..... Eyes ..... Hair ..... Characteristics .....

Date of enlistment ..... Wounds enlisted ..... Wounds seen service .....

Ship returned by ..... Date of arrival ..... Port of arrival .....

Birthplace ..... Religion .....

Name and address next of kin .....

Cause of disability .....

Condition which prevents the soldier from earning a full livelihood .....

Final payment made on ..... Date ..... Amount ..... Cheque No. ..... Pay Book ..... Pension Medical Board ..... Date ..... Pension Medical Board ..... Date .....

Pensioner and son having given a false statement for pay, pension and other benefits, the pension may be withdrawn at any time. Pensioner is to report to the Commissioner, Pensioner and son are to be given a copy of the Pensioner's Pay Book, and the Pensioner is to report to the Commissioner, Pensioner and son are to be given a copy of the Pensioner's Pay Book, and the Pensioner is to report to the Commissioner, Pensioner and son are to be given a copy of the Pensioner's Pay Book, and the Pensioner is to report to the Commissioner.

A.H.C. 1920

Pay 2.5.20

P.S. 802219

135th O. S. Battalion, C. E. F.

MEDICAL HISTORY SHEET.

DUPLICATE

Surname Adair Christian Name Anthony M.

Examined on 10th day of Dec. 1915 at London, Ont. Can

Approved by F A Kingsmill

Rank Maj AMC

Birthplace City or Town Southwold, County Elgin, Ont.

Apparent age 25/7.

Trade or occupation Musician.

Height 5 Feet 6½ Inches.

Weight 128 Lbs.

Chest measurement Minimum 32. inches. Maximum expansion 35½ inches.

Physical development fair.

Small-Pox Marks nil.

Vaccination Marks Arm Right. 0 Left. 2 Number 2

When Vaccinated last 1903.

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
1/2/16	Pos	J. E. McCarrie M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
23-3-16	Good	Oh Bedam M.O.
1-4-16	Good	Oh Bedam M.O.
		M.O.

Enlisted on 9 day of Dec. 1915 at London Ont Can

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	135 O.S.	802219	Good	12-9-15
Transferred to	Special Service Co.	"		
	AMC, T.D. No. 1 Co	"		9-11-16

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.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname Adam Christian Name Anthony Matthew

802219

5

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
London		18	4	16	10	5	16	Vent Hernia	23	Recovered	R Lowe
"		30	6	16	10	11	16	Neuritis	134	see Recovered	H D Livingstone

566 Dufferin St
London Ont

FORM OF WILL.

I, ADAIR, Anthony Matterson (Name in full)

A. M. C. Training Depot No. 1, C. E. F.

Regimental Number 802219 serving in

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

A. M. Adair Mrs Susan Adair 21 Rathyar St London Ont.	Name and Address of person or persons to receive personal estate* *(See note).*

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

this 12 day of Dec. A. D. 1916

A. M. Adair Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Geo Chrystal

Address of Witness A. M. C. Training Depot No. 1, C. E. F.

Occupation of Witness Soldier

Signature of Second Witness O W Babeldu

Address of Witness A. M. C. Training Depot No. 1, C. E. F.

Occupation of Witness Soldier

C. F. W. 82
00M-5-16.
1772-39-983.

"Staff" Copy

No. 802219

5794

Original

B

MEDICAL HISTORY SHEET.

Surname Adair Christian Name Anthony M.

Examined on 10th day of Dec. 1915 at London, Ont.

Approved by Lt. H. A. Kingsmill

Rank Major A.M.C. M.O.

Birthplace City or Town Southwold County Elgin, Ontario

Apparent age 25/7

Trade or occupation Musician

Height 5 Feet 6½ Inches.

Weight 128 Lbs.

Chest measurement Minimum 32 inches. Maximum expansion 35½ inches.

Physical development Fair

Small-Pox Marks Nil

Vaccination Marks Arm Right. 0 Left. 2 Number 2

When Vaccinated last 1903

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

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

Date.	Result.	Vaccinations.
4/2/6	Pos	J. E. McCarve M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
23-8-16	good	O. R. Bender M.O.
1/4/16	good.	O. R. Bender M.O.
		M.O.

Enlisted on 9th day of December 1915 at London, Ontario Can.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	135th Battalion	80.2219	good	9-12-15
Transferred to	Special Service No.	802219		
	AMC, I.D.	802219		9-11-16

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Hollerton	Feb 5-17	P.O. Rheumatism	Invalided to Canada & a Pension Offer
6 FEB 1917 6-FEB 1917		Approved L. Wacker Capt. For A.D.M.S. Canadians, Shorncliffe.	President, Standing Medical Board.

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.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-439.

Dwh See 13-11-17 JT

No. 802219 B

Surname Cann Christian Name Anthony M. 57994

"Staff"

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
London		18	4	16	10	5	16	Hernia	23.	Recovered. DISCHARGED. under Para 392, Sec. 16, K.R. & O. 1912. Being no longer physically fit for war service. R.m. Hazelton, Lieut. Officer i/c Discharges for Officer Commanding, Canadian Discharge Depot.	R Lowitt
Ship Hosp.		28	2	17	3	3	17	Myalgia	4		Dee Lineham Capt. Cam

TRIPLICATE (AW)

CANADIAN CONTINGENT EXPEDITIONARY FORCE

F. UNIT M. C. COMMAND

A-2-4

LAST PAY CERTIFICATE

30-1-33

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F.,1916).

Regimental No. 802219 Rank Pte. Name Anthony Matteson ADAIR

Corps 135th Bn. who was* Discharged Class 1.

On October31st 1917, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from October 1st, 1917, to Oct. 31st, 1917 the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No. 8800	15.	00	Regt'l Pay 31 days at $ 1 c 00	31.	00
Advances by Cheques } No.			Field Allow. 31 days at $ c 10	3.	10
Assigned Pay No.			Other Allowances* 31 " Subsce. 60	18.	60
Other Charges*			Other Credits* Clothing Alloc.	13.	00
Payment on ~~transfer~~ or discharge No. 9478	50.	70			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	65.	70	Total	65.	70

*Give Particulars.

A monthly stoppage of $ Nil (†) has (‡) been paid on account of Assigned Pay for the month of 191 to (Assignee)

(Address) of man 566 Talbot St.,
London, Ont.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of $ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment 9/2/15

(2) if married and if a Separation Allowance Card has been submitted No, Single.

(3) cause of discharge and authority D.O. 298-3- 25/10/17

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date October 26th,1917.

Place LONDON, ONT.

Paymaster F. Unit, M. H. C. Command

Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

150M.—4-17.
H. Q. 1772-39-903.

Office of the A.D.M.S., Canadians, Shorncliffe,
19 Westbourne Gardens,
FOLKESTONE.

February 5th. 1917.

To:- Officer i/c Records,
Canadian Record Office,
LONDON.

Name Adair, ~~Athony~~. Anthony

No. 802219 Rank Private.

Unit (C.A.M.C) 135th, Battn.

The above noted appeared before a Medical Board on February 5th, 1917 and the following entry has been made on the Medical History Sheet of this man.

Board recommends:- Invalided to Canada.
Signed J.A. Nelson, Captain, President, S.M.B.

February 5th, 1917, Approved,
Signed S.L. Walker, Captain, for A.D.M.S. Canadians, Shorncliffe.

Further entries are also contained in this Sheet which are herewith copied.

I hereby certify that the entries as above noted are true copies.

S L Walker

Captain C.A.M.C.,
for A.D.M.S., Canadians,
Shorncliffe.

JSR/SLW.

PARTICULARS OF DISCHARGE.

1. Name Adair Anthony Matteson.
2. Regimental Number 802219 3. Rank Pte
4. Corps 135th Bn.
5. Date of Discharge 31-10-17.
6. Place of Discharge London Ont.
7. Place to which transport given. (Give street address where possible.)

566. Talbot St. London Ont
Enlisted London Ont. 18-12-15

8. Description at time of Discharge :—

Age 26 years months. Descriptive marks 2 vacc. mks, Lt. arm
2 operative scars, abdomen.

Height 5 feet 7 inches.

Complexion Medium

Eyes Brown

Hair Dk. Brown

Trade musician

9. The above named man is discharged in consequence of

"Irregular enlistment"

(If medically unfit, state nature of disease or disability.) Nervous Debility.

10. To what extent will it prevent his earning a full livelihood? —

1/10 but not greater than capacity at time of enlistment.

11. Character

—

Date 13-11-17

i/c Records.

9T

M. F. W. 60

100M.—8-16.
H. Q. 1772-39-928

Duplicate

MEDICAL HISTORY SHEET

Surname ADAIR *Christian Name* Anthony Matteson

Military District No. 1
AUG 19 1918
30-9-33
I. M. D. ..... M.O.

Examined { on 20 day of June 191 8
at London, Ont.,

Approved by

Rank

Birthplace { City or Town Southwold Station
County Elgin Co., Ontario

Apparent age 28/2

Trade or occupation Musician

Height 5 feet 7 Inches

Weight 132 1/2 lbs.

Chest measurement { Minimum 34 inches
Maximum expansion 2 1/2 inches

Physical development Fair

Small-pox Marks Nil

Vaccination Marks { Arm Right 0 Left 2
Number

When Vaccinated last 1916

(*a*) Marks indicating congential peculiarities or previous disease Appendectomy and right hernia scars

(*b*) Slight defects but not sufficient to cause rejection Right testicle removed (undescended)

Right Eye D. 20/20 Left Eye D. 20/20

Hearing R. 21+ L. 21+

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

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 20 *day of* June *191*8 *at* London Ont

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	1st Depot Battalion, W.O.R.	802219		20-6-18
Transferred to				

143

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
London, Ont. H. A. Simpkins Capt. Maj. A. M. C. Pres.	June 20/18 191 H. A. Elliott Capt. A. M. C.	On Attestation considered Capt. A. M. C.	C III Capt. A. M. C.
180 London, Ont	19-8-18	nervous debility	C-1 Capt. Pres. S.M.B.
London, Ont.	16-12-18	Neurasthenia	Cat. C II H. S. Warner Capt. A.M.C. Pres.

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on 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.

Surname..... Christian Name.....

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				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

~~ORIGINAL~~

LAST PAY CERTIFICATE

M.D. 1 / B 26

Jan.PL.1-16-25
This form to be used for all Ranks (Vide Articles 122,130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 802219 Rank Private Name ADAIR.Anthony.M.

Corps 1st Bn. Can. Garrison Regt. C.E.F. who was discharged

On 10-1-19 191 to
Insert "discharged" or "transferred"

The following is a statement of the account of the above named from 1-1-19 191 to 10-1-19 191 the inclusive date of transfer or discharge.

Dr.	$			$	¢
Bal.dr.fr.ol. prov.no.			Bal.Cr.from prov.no.	10	35
Christmas Dinner Cr but Advances)No not chgd. in by) Dec.P.L.		.25	Regt.Pay 10 dys.@ $1.00	10	00
Cheques)No. V.B.	20	00	Fld.Allow 10 dys.@ $.10	1	00
A.P. and S.A. No.			S.A.x(Monthly)		
Other charges			Other Allces.x Clothing	35	00
Pym't.on/~~trans~~/or disc.No #10271		36.10	Other Credits.X.		
Bal.Cr.(to be pd.by new unit			Bal.Dr.(to be deducted by new unit)		
Total	56	35	Total	56	35

x Give particulars.

NO P.D.P.

A monthly stoppage of $....(#) has...(##)been pd. on acct. of A.P. (for mo.of...NIL.....191...)
(and S.A.for mo.of...NIL...191...) (to) Assignee.....
(Address).....
Bal due On $50.00 V.B.;$20.58
(#)Insert amount to be assgnd, whether it has been paid or not
(##)Insert "not"if amt. has not been pd.for period of account.

On transfer of an Officer
Outfit Allce.of $....., has been pd.by Paymaster, Military DistrictNo..

REMARKS:-
State(1)date of enlistment 20-6-18
(2)if married and if a S.A.Card has been submitted NO. NO.
(3)cause of discharge Demob. authority
(4)authority for transfer

NOTE:- Auth;Ist Bn.C.G.R.D/O No.9 d/9-1-19 (I D 30-A-33 d/9-1-19.)
S.A. and A.P.Card and Index Card (M.....71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay lists of the Unit.

Date Jan.22.1919.

Place LONDON, ONT.

Capt.
Paymaster, 1st Bn. Can. Garrison Regt. C.E.F.

Duplicate

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 A. M. C. Training Depot No. 1, C. E. F.

(2) Regimental Number 802219

(3) Full Name of Soldier ADAIR, Anthony Matterson

(4) Place of Birth Southwold, Ontario, Can.

(5) Are you married, or not? Not

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

(b) Present Postal Address X

(7) Are you a widower? Yes

(8) Have you any children? No

If so, give number of boys and girls X

Also their names and ages X

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address William Adair, (address unknown)

(10) Is your Mother alive? Yes

If so, state name and address Susan Adair, 21 Rathgar St., London, Ontario, Can.

(11) If your Mother is a widow No

Are you her sole support, or not? X

(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.

$35.00

(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.

Mother

(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.

X

(15) Are you insured? Yes

If so, in what Company? Metropolitan Life Insurance Coy.

Have you made arrangements for payment of your Insurance premium Yes

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

W. Smith Major
Com'dg A.M.C. Training Depot, No. 1, C.E.F.
Officer Commanding.

Date DEC 12 1916

L-L. Job [illegible]—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

103

M. F. W. 12
50m.—7-16
H.Q. 1772-39-819

Mrs

To Whom Susan Adair

Address 21 Rathgar St
London
Ont

Rate $20.00

DEC 1 1916

By Whom Assigned Adair A. M

Regtl. No. 802219

Rank Pte

Corps A.M.C. Training Depot

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Stop payments Mar 1/17
Sept.				
Oct.				3 m. 15/2/17 J. L. F.
Nov.				24/3/17
Dec.				Discharged to Canada
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

104

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs Susan Adair

Name of Soldier Adair A. M. # 802219 Pte A.M.C. Training

L. L. Job 4503. - Req. 6832.

DEC 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
			$20.00	
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		√ 36269	20	
Jan.	1917	B36685	20	
Feb.		~~B42350~~	~~20~~	20 R B 42350 Cancelled. RTS 1/2/17
March		S 43306	20	Cancelled Acc Closed. Reed Northland
April				$ 24/2/17
May				
June				$ 60 7X 6/3/17 TL.
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

M. F. W. 41
10 M.—5-16.
1772-30-889.

375

Name Adair Pte A M

Regimental No. 802219

Unit 6 Can G S

Date of enlistment |

Place of " |

Married (yes or no) No

Amount of pay assigned monthly $ 20 Febry

To whom payable Mrs Susan Adair
21 Rashgar St London Ont

~~Name and~~ address ~~of next of kin~~
21 Rashgar St
London Ont

Date and place discharged

Reason for discharge

Character on discharge H2649 a 3279
Northland 2/3/17

Form 2376. M. & D. 6692.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	15/2/17							305						243		Cap
														4 87		Boots
16/2/17	28/2/17	13	1.00	13 -	13	.10	130							40 -		Hold Pay
		Balance due						× 2995								To Pltnt 1/3/17
									4730						4730	

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

81-A-3

Name Adair, Anthony Matteson
Surname Christian Name

Regimental Number 802219 Rank Pte.

Unit 135th Bn.

Original Unit

District where paid M.D.1

Date of Discharge 31-10-17

P. D. P. Filing Number 12-24-1

Address (in full) 566 Talbot St.
London, Ont.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

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					
100	10	433	1-11-17	33	00	429	1-12-17	33	00	429	1-1-18	34	10			100	10

Remarks:

M. F. W. 127.
50M—6 17.
1772 39-1140.

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							
	Total					Total	

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.....

5794 D

R—122
8,401—50,000—21-10-16.

J.P. Rank Name ADAIR, Anthony Matterson. Reg'l No. 802219.

Unit ~~Xxxx~~.Dft.A.M.C.T.D. No.1. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment London.9th Dec.1915. Place of Birth Southwold.Elgin. Ontario.

Name and Address, Next-of-Kin Mrs. W.Adair.

21 Rathgar Street. London.Ontario. Relationship Mother.

Assigned Pay Monthly $ Payable to C. C. A. C.

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 838
File R.L.
Category M.U. CAN.

Discharge, Date and Place Reason Character

B39

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 per S.S. Olympic		26.12.16	
3.1.17	Camb TS	T.O.S on Arrival	Dibgate	29/12/16	Pte Pl II Do 3
5.2.17.	Do.	S.O.S. to C.C.A.C.	Westerlanger	4.2.17	" " 36.
20.2.17	CDD.	Can to be attached to CDD vice S O S to Can for Dis	Buxton	20.2.17	" Pl II D 43
	Dis Dep	Can. Home	MT Landon. "SS. Northland"	2-3-17	WC 209

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.					

CERTIFICATE OF SERVICE

(Issued following loss of Permanent Discharge Certificate M.F.B.39)

This is to certify that No. 802219 (Rank) Private

Name in full ADAIR, Anthony Matterson

Enlisted in 135th Battalion

Canadian Expeditionary Force on the 9th day

of December 15 19

He served in CANADA & ENGLAND

with the C.A.M.C.

and was discharged at London, Ont.

on the 31st day of October 19 17

by reason of MEDICALLY UNFIT

Disability pre-existed enlistment, not due to Service.

His conduct and character while in the Service were Good

Medals and Decorations, etc BRITISH WAR MEDAL

Subsequently served in CANADA; with 1st Depot Battalion,

W.O.Regt. C.E.F. from 20-6-18 to 10-1-19. S.O.S. Demobilization

DESCRIPTION ON DISCHARGE

Age 28 Years

Height 5'7"

Complexion Medium

Eyes Brown

Hair Dk.brown

H.Q. 649-A-3279

(W.E.L.Coleman), Major,
Officer i/c Records,
Officer i/c Records
for Adjutant-General.

12th October 33

Ottawa day of 19

NOTE- This Certificate, if lost, will not be replaced.

5794

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

1st Depot Battalion, W.O.R.

Unit, Regiment or Corps. .....

Regimental No. 802219 Rank Pte. Name ADAIR Anthony Watterson
C. E. F.

Enlisted (*a*) 20-6-18 Terms of Service (*a*) War & 6Mos. Service reckons from (*a*) 20-6-18

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*) Musician

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				
		London , Ontario. 10-1-19.			
		Discharged in consequenceof "On Demobilization" in			
		accordance with R.O. Nos.1328 and 1420, 1.D. 30-A-33, d/9-1-19.			
		D.O. No.9, Para. G. Part 2. d/9-1-19. With Effect 10-1-19.			

CERTIFIED CORRECT
ALL ENTRIES MADE

Thomas Todd
Lieut.
for O.C. 1st Bn. Cdn. Garr. Regt.

(*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				

5794 C

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

A. F. W. 54.
150M. 10-15.
H.Q. 1772-39-939.

Casualty Form—Active Service.

Unit, Regiment or Corps A.M.C. T.D. No.1, C.E.F. /Org. 135th Os.Bn.,

Regimental No. 802219 Rank Private Name ADAIR, Anthony Matterson

Enlisted (a) 9-12-15 Terms of Service (a) C.E.F. (C. E. F.) Service reckons from (a) 9-12-15

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) (Musician)

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	21-12-16	
		Disembarked	Liverpool	26-12-16	
1-1-17	C.A.M.C.R.S.	TAKEN ON STRENGTH C.A.M.C.	Shorncliffe	29-12-16	Pt D D.O 3
		DISCHARGED. under Para 392, Sec. 16, K.R. & O. 1912. Being no longer physically fit for war service. R.M. Hazelton Lieut, Officer i/c Discharges for :- Officer Commanding, Canadian Discharge Depôt.			

(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				

REGT'L No 802219

NAME Adair Anthony.

H. Q. FILE No. 649-

RANK AND CORPS Pte. C. A. M. C.

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
5317	23-2-17	Sailed from Liverpool for Canada per the S.S Northland 20th Feb/17 Invalided

L. L. Job 90581—M. & D. 6314.

M. F. W. 42—50M—1-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
75.	M. H. C. C. London	16-3-17.	Out-Patient M.C.H. cl. "2"
298.	" " " " "	31-10-17	Disc from H. M. S. Out. P- Class I

H. Q. .....

M. D. No. 1

Surname Adair

T. O. S. June 20th 1918

Christian names Anthony Matteson

D. O. Pt. II 172 of 21-6-18

Regtl. No. 822819 Rank Pte

S. O. S. Dis 10-1- 1919

Unit West Ont Regt 1st Depot Bn

Reason Demob

Auth. DO 9 of 9-1-19 E.9.R

Next of kin Adair, Mrs Susan

Relationship Mother

Address 21 Rathgar St., London, Ont

Also notify: .....

BORN—Place Canada Southwold Ont. Date Apr 18th 1890

ATTESTED—Place London Ont. Date June 20th 1918

O/S .....

R/C .....

W. 22—75M-5-18. 1772-39 839

(649-A-3279)

SURNAME. Adair

CARD NO. 248.

CHRISTIAN NAMES Anthony Matteson

FOLL. S.O.S. 10 Dis. 31-10-17, 1.

REGL. No. 802219 RANK Pte.

UNIT ~~135th. Batt~~ A.M.C.T.D. No. 1. (4th R.D.)

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Adair, Mrs. H.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS 21 Rathgar St. London Ont. Canada.

COUNTRY OF BIRTH Canada Southwold Elgin. Ont. DATE

PLACE OF ATTESTATION London Ont. DATE Dec. 18, 1915

Trans. from 135th Bn. to A.M.C.T.D. No. 1 (4th R.D.) auth. A.M.C.T.D. 12-12-16

Pte. to Canada per S.S. Northland Feb 25/17

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Musician RELIGION Baptist.

DESCRIPTION.

APPARENT AGE 25 YEARS 7 MONTHS

HEIGHT 5' FEET 6 1/2 INCHES

CHEST MEASUREMENT 35 1/2 INCHES EXPANSION 32 INCHES

COMPLEXION Dark. EYES Brown. HAIR Dk. Brown.

DISTINGUISHING MARKS Not Stated.

MEDICAL EXAMINATION. PLACE London. Ont. DATE Dec. 10th, 1915.

Present Address 21 Rathgar St. London. Ont.

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. No.	DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
D.O. 23/17-12-18 Transfd. from 1st. Bn. NOR. 18-12-18.			
D.O. 9/9-1-19 Discharged. R.O. 1325 (Demob. in lieu.) Eff. 10-1-19 No. P.D. Tay.			

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME Oldair, Anthony, Matthew.

REGIMENTAL No. 802219 RANK Pte.

ENLISTED AT London, Ont. PROMOTIONS, &c. AND DATE

DATE 20-6-18

IF SERVED PREVIOUSLY, STATE UNIT, &c. 2 Yrs. 135th. Bn.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Mrs Susan Oldair RELATIONSHIP Mother

ADDRESS OF 21 Rathgar St. London, Ont.

ASSIGNMENT OF PAY $ 15.00 c. TO N. O. K.

ADDRESS O/S.

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

No. 802219 RANK Pte. NAME Adair. A M.

T. O. S. UNIT Discharge Depot - Quebec

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Mar no dates	1917	✓	C. A. M. C.	

151

No. 802219. RANK Pte NAME Adair A. M.

T. O. S. Trans. from casualties 8-11-16. (AO. 234-9-11-16 (Late 135th Bn.). UNIT #1. Training Depot A. M. C. M. D. 1.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916. Nov. 9.	1916. Nov. 30.	✓		
	Dec.	n.	Trans. o/s. 12-12-16.	(AO. 2620 of 12-12-16).

No. 802219. RANK Pte. NAME Adair. A. M.

T. O. S. 9-12-15 (~~80~~ 19. 11-12-19) UNIT 195th Battalion C. E. F.

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec. 9	1915 Dec. 31	✓		
1916 Jan.	1916	✓		
Feb.		✓		
Mar.		✓		
April		✓		
May		✓		
June		✓		
July 1	July 13	n.	Transfd to Casualties M.D.1. on 13-7-16	D.O. 192/3 of 28-7-16

No. 802219 RANK Pte NAME Adair, A. M.

T. O. S. UNIT Casualties B.E.F.

M. D.1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 July 14	1916 aug 31	✓	135th Bn.	aug paylist.
Sept.		✓		
Oct.		NO.		
nov. 1	nov. 8	M.	Trans to A.M.C.T. Depot 1.8.11.16	nov. paylist.
1917 mar. 1	mar 31	✓		

REG. NO. 802219 NAME (SURNAME FIRST) Adair A. M.

RANK Pte CORPS 135 Bn Battn

AGE 26 SERVICE 4/12

NAME OF HOSPITAL Military PLACE London

DATE OF ADMISSION 18 - 4 - 16 30 - 6 - 16

DISEASE Hernia Neuritis

DISCHARGE 10 - 5 - 16 10 - 11 - 16

OPERATION ~~4 - 10 - 16~~

DISCHARGED TO DUTY Yes

TRANSFERRED TO A. M. L. ~~10 - 11 - 16~~

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

5794

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, ... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness ..... Signed .....

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

5794 B.P.C. H

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

649-a-3279

STATION London, Ont. DATE Oct. 15th, 1917.

1. (a) Unit "F" Unit, M.H.C.C. (b) Regimental No. 802219 (c) Rank Pte.
   (d) Surname ADAIR (e) Christian name Anthony Matteson
2. Age last birthday 27 Date of birth Apr. 18th, 1890
3. Enlisted at London, Ont. on Dec. 9th, 1915.

4. Personal description :—
   (a) Height 5ft. 7 ins. (b) Weight (stripped) (c) Complexion Medium
   (d) Colour of hair Dk. Brown. (e) Colour of eyes Brown. (f) Identification marks Appendectomy and right hernia scars.
5. Address after discharge (for the use of the Board of Pension Commissioners.)
   566 Talbot St., Londonk Ont.
6. Former trade or occupation Musician.
7. (a) Service

	Periods From	Periods To	Years	Days
135th B'n.	9-12-15.	9-11-16		
C.A.M.C.	9-11-16	16-3-17		
"F" Unit, M.H.C.Command.	16-3-17	15-10-17		

   (b) Has he been Overseas? Yes(England.)
8. Present disease or disability (use authorized nomenclature if possible). Nervous debility.
   (a) Date of origin Prior to enlistment. (b) Place of origin Canada.
   (c) Cause* Neurasthenia.
   *(Here include original disease or injury)
9. Present condition. (Important, to be a full description of the present disabling condition or conditions). He has been nervous all his life and felt the strain of his profession(travelling singer and entertainer)very much. Very nervous during examination. He is of a marked neurotic and sensitive type. Has slight ~~ex~~ tremor of fingers, knee jerks normal. Sleeps well and has improved very ~~mark~~ much past six weeks and has gained 10 lbs in weight. Present weight 138½ lbs. which is normal he says.
   No history or physical evidence of venereal infection.
   Fairly well nourished, and of average physique. Heart, lungs and other systems normal.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

150M.-6-17.
1772-39-117.

H

5794

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Appendectomy and right herniotomy scars.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

1/10 but not greater that capacity at time of enlistment.

12. Did the disability arise on or off duty? Not applicable.

13. Was a Court of Inquiry held? Not applicable.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... No. No aggravation due to service.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? NO

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

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

HOSPITALS

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

NO.

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

20. Recommendations DISCHARGE.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned A. W. Gedais 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

A. W. Gedais
Signature of soldier examined.

5794

H

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

YES

22. Is the soldier fit for

(a) General service,	(Category A)	(Yes or No).	NO.
(b) Service abroad, not general service,	(" B)	(Yes or No).	NO.
(c) Home service, (Canada only),	(" C)	(Yes or No).	NO.
(d) Temporarily unfit,	(" D)	(Yes or No).	NO.
(e) Unfit for service in Categories A, B and C,	(" E)	(Yes or No).	YES

23. It is certified that the soldier

(a) ~~Does require treatment.~~
(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control.~~

(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Yes, Discharge.

J. L. Stratton Capt AMC — President.
B. T. Kincaid Capt AMC
J. Hutchison Capt AMC — Members.

STATION London, Ont.

DATE October 15th, 1917.

APPROVED
OCT 19 1917
D. J. McKay Capt
A.D.M.S.M.D.No.1

APPROVED BY

DATE

Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

B. P. C. FOLIO
FALSE DOCKET

G 5794

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Man appears fairly well nourished. Very tremulous especially in tongue & hands. Reflexes exaggerated. Man is poorly developed. Pulse 120. Heart enlarged. Gives history of nervousness. Is unfit for army. Can not carry on with the most sedentary duties of soldier.

14. If the disability is an injury, was caused

(*a*) In the presence of the enemy? No

(*b*) On active service? no

(*c*) On duty? Not applicable

(*d*) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(*a*) When? Not applicable

(*b*) Where?

(*c*) Opinion?

16. Was an operation performed? If so, what? Had operation for hernia also for appendicitis

17. If not, was an operation advised and declined? Not applicable

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? Not applicable

19. Do you recommend

(*a*) Fit for duty?

(*b*) Fit for base duty?

(*c*) Invalided to Canada?

(*d*) Discharge as permanently unfit? Yes

H. Blair Capt CAMC

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station Westenhanger

Date 3 - FEB 1917

CAPT. ASST. ADJUTANT, FOR O.C. C.A.M.C. TRAINING SCHOOL.

Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

5794 G

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. a1 no a2 no

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? not applicable

21. Has the disability been caused or aggravated by

(*a*) Intemperance? no

(*b*) Misconduct? no

22. Is the disability permanent? Yes for ~~6 mos~~ military life

23. If not permanent, what is its probable minimum duration? ——

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? Total for 6 mos. will reduce

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? not applicable

26. Do the Board recommend

(*a*) Fit for duty? no

(*b*) Fit for base duty? no

(*c*) Invalided to Canada? yes

(*d*) Discharge as permanently unfit? no

27. Remarks.

Signatures :—

Wormwitt Major President.

Station Folkestone

Date 5.2.17

A Dickson Capt } Members.

Approved.

Station BURNCLIFFE— (13, Westbourne Gardens, Folkestone.)

Date 6 - FEB 1917

Administrative Medical Officer.

5794

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the day of 191

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

Signed at 41, Grimston Avenue, Folkestone, this day

of , 191 .

President.

5794

Army Canada.

Medical Report on an Invalid.

G

Station Westbrooke

Date Jan 26th/17

1. Unit. C.A.M.C.
2. Regimental No. 802-219
3. Rank Pte
4. Name Adair, Anthony
5. Age last birthday 26
6. Enlisted { on 9th Nov/15 at London Canada
7. Former Trade or Occupation { Musician
8. Disability.

(Neurasthenia
Rpt. operations.)

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. previous to enlistment but some since operations.

10. Place of origin of disability. In Canada.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

This man was operated on for Hernia on Apr. 18th/16. After being discharged from hosp. was re-admitted for Neurasthenia, was in hospital all summer. had appendix removed on Oct. 22nd. At the time of operation was with 135th Batt. but was transferred to C.A.M.C. when discharged from hosp. in Nov. Came to Canada & then left for Canada on 28th Dec/16. Since then has been sick most of the time, needed light duty.

12. (*a*) Give your opinion as to the causation of the disability.

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3*).

Epileptiform prob. aggravated by operation.

(1) No

(2) Neurasthenia existed prior to enlistment, prob. aggravated by the two operations.

4

3

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Man appears fairly well nourished. Very tremulous especially in tongue and hands. Reflexes exaggerated. Man is poorly developed. Pulse 120 Heart enlarged. Gives history of nervousness. Is unfit for army. Can not carry on with the most ordinary duties of Soldiers.

14. If the disability is an injury, was caused

(*a*) In the presence of the enemy? No.

(*b*) On active service? No.

(*c*) On duty? Not Applicable.

(*d*) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion? Not Appplichble

16. Was an operation performed? If so, what? Had operation for Hernia also for Appendicitis.

17. If not, was an operation advised and declined? Not Applicable.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? Not Applicable.

19. Do you recommend

(*a*) Fit for duty?

(*b*) Fit for base duty?

(*c*) Invalided to Canada?

(*d*) Discharge as permanently unfit? Yes.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station Westenhanger

Date 3 - FEB 1917

CAPT. ASST. ADJUTANT, FOR O.C. C.A.M.S. TRAINING SCHOOL.

Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. a1 no a2 no

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? not applicable.

21. Has the disability been caused or aggravated by

(*a*) Intemperance? no

(*b*) Misconduct? no

22. Is the disability permanent? yes ~~six months~~ for military life

23. If not permanent, what is its probable minimum duration? ——

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? Total for six months with reduce

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, *or total incapacity.*

25. If an operation was advised and declined, was the refusal unreasonable? not applicable

26. Do the Board recommend

(*a*) Fit for duty? no

(*b*) Fit for base duty? no

(*c*) Invalided to Canada? yes

(*d*) Discharge as permanently unfit? yes

27. Remarks.

Signatures:—

W. Hewitt major President.

Station Folkestone

Date Feb 5 - 1917

Members.

Approved.

Station SHORNCLIFFE (13, Westbourne Gardens, Folkestone.)

Date 6 - FEB 1917

L. Colbeck CAPT. FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

Administrative Medical Officer.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the day of 191

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

Signed at 41, *Grimston Avenue, Folkestone, this* *day*

of , 191 .

President.

Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station Westenhanger.

Date January 26th. 1917.

1. Unit. C.A.M.C.
2. Regimental No. 802219
3. Rank Private.
4. Name Adair, ~~Harry~~. Anthony
5. Age last birthday 26
6. Enlisted { on Dec. 9th. 1915. / at London. Canada.
7. Former Trade or Occupation { Musician.

8. Disability.

Neurosthenia.
Post Operative.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Previous to enlistment, but worse since Operation.

10. Place of origin of disability. In Canada.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

This man was operated on for Hernia on April 18th. 1916. After being discharged from Hospital is re-admitted for Neurosthenia. Was in Hospital all Summer, and Appendix removed on October 22nd.. At the time of operation was with 135th. Batt., but was transferred to C.A.M.C. when discharged from Hospital in November. Came to this Unit from Canada on Dec. 28th. 1916. Since then has been sick most of the time. Marked light duty.

12. (*a*) Give your opinion as to the causation of the disability.

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3*).

Existed previous to enlistment, probably aggrevated by operation.

(1) No.

(2) Neurosthenia existed prior to enlistment, probably aggrevated by the two operations.

M 5794

9. Present condition.—(*Continued.*)

SUBJECTIVE SYMPTOMS:- This soldier complains of not being able to sleep for a longer period of 2 hours a night. Loss of appetite. On any sudden scare he says he has to sit down for one hour after. Says he has sharp pains throughout his body. Sometimes in his arms then down the legs. He often starts crying without any provocation.

URINALYSIS:- Sp. Grav. 1019. Reaction- Acid. Albumen- Negative. Sugar- Negative;

(S-d) W.H.M. Johnson, Capt. A.M.C.

(b) Are the following systems normal ? If not, briefly state abnormality

Nervous See Sec. 9A Digestive O.K. Respiratory O.K. Cardiac O.K.

Genito-Urinary O.K. Skin, Middle Ear, Eye or any other part O.K.

10. History: (*a*) of Condition referred to in "a" section 9.

Operated for Hernia in April 1916 then operated for appendicitis Oct. 1916 which confined himto bed for 7 months has been nervous ever since.

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Appendictomy scar 3 " in length. Healed with good results.

Hernitomy scar 5" in length. Healed with good results.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service ?

Yes

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? No

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? 12 months

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

Nil.

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M

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

qeeIs

ion not

anim

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

No

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

17. Recommendations Category "B" Discharge.

W J Mustard Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned A M Adams have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.) I complain in addition of

None.

A M Adams

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report ? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Board disagrees Sec. 8 Should read "Appendicitis"

Sec. 9 a) Knee jerks increased.

Sec. 11, Condition not aggravated on service.

Sec. 17. Should be C 11

This N. C. O. has gained 2½ lbs. since enlistment.

19. Is the soldier fit for

(a) General service,	(Category A)	(Yes or No). No
(b) Service abroad, not general service,	(" B)	(Yes or No). No
(c) Home service, (Canada only),	(" C)	(Yes or No).
(d) Temporarily unfit,	(" D)	(Yes or No) Yes
(e) Unfit for service in Categories A, B and C,	(" E)	(Yes or No).

20. It is certified that the soldier
(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).

(b) Does not require treatment.
~~(c) Should pass under his own control.~~
(d) Should not pass under his own control.
(Strike out condition not applicable).

5794

OPINION OF THE MEDICAL BOARD—(*Continued*).

Category "C" 11

Category "C" 11

Before signing the President of the Medical Board will read the certificate signed by the soldier, [illegible] and if no change is indicated will initial the certificate.

H. Wismer Capt. ..... *President.*
P. a. Scollip. Capt.
G. E. Clements Capt. } Members.

PLACE London, Ont.

DATE Dec. 14 / 1918.

APPROVED BY
[illegible] Capt.
Assistant Director of Medical Services.

DATE 19.12.18

APPROVED BY
Director-General of Medical Services.

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, ... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness ..... Signed .....

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

..... *President.*

PLACE ..... } Members.

DATE .....

5794 LG.

M

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION London, Ont. DATE Dec. 11-1918.

1. 1 (a) Unit W.O.R. (b) Regimental No. 802219 (c) Rank L/Cpl.

(d) Surname ADAIR (e) Christian name Anthony Matteson.

2. Age last birthday 28 Date of birth April 18-1890.

3. Enlisted at London, Ont. on June 20-1918.

4. Personal description:—

(a) Height 5' 7" (b) Weight 135 (stripped) (c) Complexion Medium

(d) Colour of hair D. Brown (e) Colour of eyes Brown (f) Identification marks

Appendictomy scar and ri ht hernia scar.

5. Address after discharge (for the use of the Board of Pension Commissioners)

21 Rathgar St., Lon on, Ont.

6. Former trade or occupation Musician.

7. (a) Service

	Years	Days

	Periods	
	From	To
1st. D.Battalion, W.O.R.	June 20-1918	Dec. 11-1918.

(b) Has he been overseas? Yes 8. Original disease or disability Post operative Neurasthenia following appendectomy

(a) Date of origin Prior to enlistment (b) Place of origin London, Ont.

(c) Cause* Operation for appendicitis

(d) Present disease or disability Nervous debility.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (*a*) weakness, (*b*) loss (complete or partial) of any organ or member of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

OBJECTIVE SIGNS:- This man is very nervous during examination. A well marked tremor of fingers; pulse sitting 100 on holding any article hand trembles to great extent. Knee jerks normal.

M. F. B. 227.
300M.—2-18.
1772—39—117.

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, dispatch, 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.

R. & O. 6091. S. S. NORTHLAND 2-3.17. 17-1 5788 38 27/4/01 I

CERTIFICATE re DISCHARGE DOCUMENTS.

Hole

'n full Adair, Anthony Reg'tl. 802219

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

No. 802219 Army Rank Pte.

Name Adair, Anthony W.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps C. C. A. C.

Battalion, Battery, Company, Depôt, &c. 135th Bn.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge 31st October, 1917.

Place of discharge London, Ont

1. *Description at the time of discharge.*

Age 26 years — months
Height 5 feet 7 inches
Chest measurement { girth when fully expanded — ins. / range of expansion — ins.
Complexion Medium.
Eyes Grey.
Hair Light Brown
Trade Manager
Intended place of residence (To be given as fully as practicable) 766 Talbot St London, Ont

Descriptive marks.
2 Vacc marks L Arm
2 operative scars abdomen

(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 Disability pre-existed enlistment, not due to nor aggravated by service
Para. 392, Sec. 16, K. R. & O. 1914
Being no longer physically fit for war service.

(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.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

CANADIAN DISCHARGE DEPOT.
Lieut.-Col.
Officer Commanding.

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.

Army Form B. 2088 has been issued to*

K.C. 1-12-19 Com.

D. D. & L., London, E.C. A4300 Wt. W17178/M891 500,000 8/16 Sch. 39 Forms B. 268 40

* Strike out if not applicable.

[OVER.

F.B. Trick deck 13.11.17. G.T.

T/ S 394

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).

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 — Local

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) Buxton

(Date) _____

CANADIAN DISCHARGE DEPOT FEB 15 1917 FILE

Captain Major
Lt.-Colonel
Commanding _____ Battn. _____ Regiment.
Officer Commanding

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) _____ A. W. Aubain (Signature of Soldier.)

(Date) _____ _____ (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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ 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)

(Place) _____

(Date) _____

Signature J. Mualleman Capt

LONDON, ONT. FEB 2 1918 FRONT. M. H. C. COMMAND

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.)

A. W. Aubain

AUDITOR | PAYMASTER

32

M. OR S.

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

REGT. No. 802219 RANK Pte. NAME (IN FULL) Adair, Anthony M.

(BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN Mrs. Susan Adair RELATIONSHIP Mother

ADDRESS 393 Eva St London

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 135th Bn IF IN P.F. WHAT UNIT? 398 Queens Ave DATE 25-9-18 AUTHORITY

PLACE OF ATTESTATION TRANSFERRED TO 1st C.G.R. DATE 18/12/18 AUTHORITY Do 5531

DATE OF ATTESTATION 9-12-15 TRANSFERRED TO

ASSIGNED PAY, $ Nil DATE EFFECTIVE

PAYABLE TO PDP RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 393 Eva St., London, Ontario

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE London DATE 10-1-19 REASON R01338 AUTHORITY B09 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																					D.O.G. discharged 10-1-19 no PDP credit. carried forward from Dec to Jan co 10.35 which should be 10.72 under Cr. 4.04 adjusted here
May.								40		40					4414							40												40				
																	— War Service Gratuity —																				
																																					Authorized May
153 Days					350 ~~179 00~~	Cr.			350 00	Cr.							179 10																179 10		170 90			$81662 17 5/19
					170 90												70 80										100 10										$100.10 PDP paid on disch 17/6/19 $92567
																													350 —								
					350 -				350 —								249 90										100 10		350								

Capt.

60m.-11-18 L. L. 51777. M. & D. 9585.

P. 559.
MARRIED OR SINGLE: Single

PLACE OF BIRTH: Southwold Elgin ont.

NAME AND ADDRESS OF NEXT OF KIN: Mrs H. adair
21 Rathgar St London. ont.

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

Nil

REG'L. No. 802219 RANK Pte NAME Adair Anthony Matterson

IF IN PERMT. CORPS WHAT UNIT | UNIT C.A.M.C.T.S. TRANSFERRED TO a.m.c. 3 Draft L.P.C. Dept DATE 16/3/17 AUTHORITY L 784 13/3/17

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION London ont. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 9th Dec 1915. — TRANSFERRED TO — DATE — AUTHORITY

PAY OFFICE, N. E. BRANCH, FEB 24 1917, CANADIAN CONTINGENT

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1st Dec 1916

PAYABLE TO Susan Adair 21 Rathgar St. London Ont Canada RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 14/2/17. EFFECTIVE 1/3/17. 8938 REASON Discharged to Canada.

DISCHARGE DATE AND PLACE 15/2/17 Canada REASON AND AUTHORITY 661 L. 784 13/2/17

Entered on N.E. Card Index

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

Checked by F. H. Murray 19/3/17

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1917	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
															10 10																10 10				(E) Balance from Canada 20.00 asp. for Dec. debited on L.P.C.
Jany/31	31	1.00/10	34	10											34 10												20		20	24	20			24 20	To L.P.C. Dept Eff 16/3/17 Auth: L 784. 13/3/17
Feb/15	15	1.00/10	16	50											16 50												20		20	20	70				62¢ Equipment 29/1/17 - 1242. 2/2/17
															60 70			Westerhnage	11.62	24/1				.973					62	+17	65	3	05		* From Ass Pay Book
																		"	11.90	30/1				.487											Ass Pay stop rend 14/2/17 effective 1/3/17
																		Folkestone	11.6	6/7.				.243											Dis. to Canada 15/2/17
																								Balance transferred to N. E. Branch.								3 05			CC.1 L 784. 13/2/17
A.E. March/17														.62	2.43	10898									2.43					2.43		Nil				LPC issue 15/2/17 Fed to Non Eff. eff 16/2/17 Ass Book verified 14/3/17

Ex. Bal. $3.05

2.43 Ado. C.D.D. Buckton. S.P.L. No. 32. 19/2/17. Deb. Ltr. 62.

Transd to "Canada Disc'ge a/c"