

REGIMENTAL DOCUMENTS

**S**

NAME *ADAIR. John.*

REGT. NO. *524050*

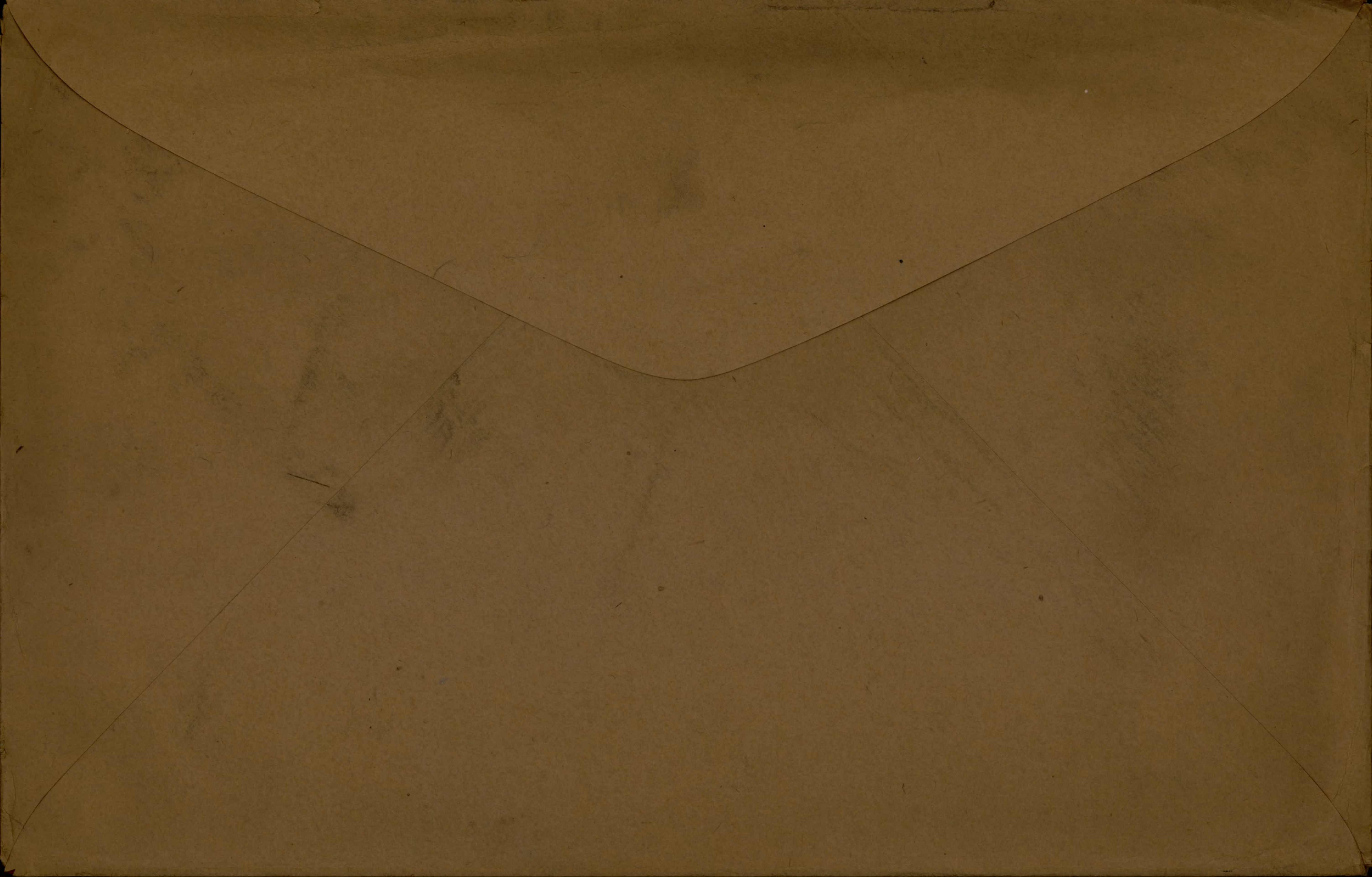
UNIT *CAMC*

H. Q. FILE NO.

*962*

**H**

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
<i>4</i> ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>C</b> </div> </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>H</b> </div> </div>			<b>DEATH</b>	
<i>/</i> CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category	
TRAINING HISTORY SHEET (M.F.W. 113)						
<i>/</i> FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						<i>Deceased</i>
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)						<i>2 Jan 19</i>
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
<i>/</i> MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						<b>DISCHARGE</b>
DENTAL HISTORY SHEET (M.F.B. 465)						Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						
MEDICAL EXAMINATION (M.F.W. 129)						
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)						
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)						<b>DESERTION</b>
<i>/</i> LAST PAY CERTIFICATE (M.F.W. 44)						
<i>/</i> PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
PARTICULARS OF CHARACTER (A.F.W. 3226)						
<i>/</i> COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
<i>2 Will</i>						
<i>3 Misc Cards</i>						
<i>Pay List</i>						



*Original*  
**ATTESTATION PAPER.**

No. **524050**

Folio.

**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

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

- By Researcher of the Order of the British Empire*
1. What is your surname? ..... **Adair** .....
  - 1a. What are your Christian names? ..... **John** .....
  - 1b. What is your present address? ..... **2234 Victoria Ave Brandon Canada** .....
  2. In what Town, Township or Parish, and in what Country were you born? ..... **Strathroy Ont. Canada** .....
  3. What is the name of your next-of-kin? ..... **Bella Adair** .....
  4. What is the address of your next-of-kin? ..... **2234 Victoria Ave Brandon Canada** .....
  - 4a. What is the relationship of your next-of-kin? ..... **Wife** .....
  5. What is the date of your birth? ..... **1870 Feb 19th** .....
  6. What is your Trade or Calling? ..... **Carpenter** .....
  7. Are you married? ..... **Yes** .....
  8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... **Yes** .....
  9. Do you now belong to the Active Militia? ..... **Yes** .....
  10. Have you ever served in any Military Force?.. **Yes 99th Manitoba Rangers** .....
  - If so, state particulars of former Service.
  11. Do you understand the nature and terms of your engagement? ..... **Yes** .....
  12. Are you willing to be attested to serve in the } **Yes** .....
  - CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

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

I, **John 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.

Date **July 31st** 191**6** .  
*John Adair* (Signature of Recruit)  
*R J Hawken* (Signature of Witness)

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

I, **John 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.

Date **July 31st** 191**6** .  
*John Adair* (Signature of Recruit)  
*R J Hawken* (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 **Camp Hughes** this **31st** day of **July** 191**6**.  
*[Signature]* (Signature of Justice)  
**Captain**  
**Commissioner of Oaths.**

Description of John Adair on Enlistment.

Apparent Age 46 years .. months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height ..... 5 ft 9.6 ins.

Chest measurement { Girth when fully expanded..... 35.5 ins.  
 Range of expansion..... 4 ins.

Complexion ..... Fair

Eyes ..... Grey

Hair ..... Black-Grey

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

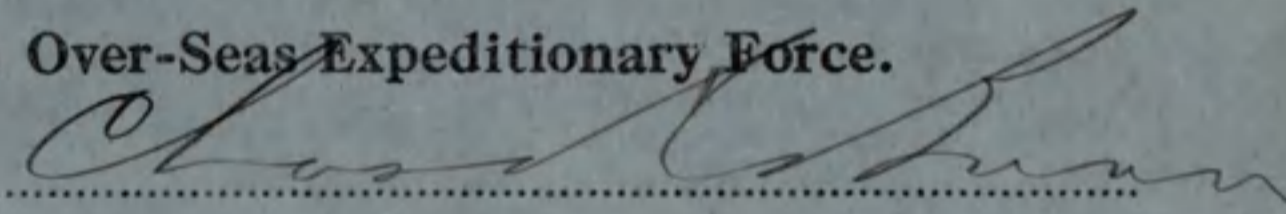
CERTIFICATE OF MEDICAL EXAMINATION.

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..... July 31st 1916



Place..... Camp Hughes

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.

John 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.

P. B. Smith Captain  
 (Signature of Officer)

C.C. A.M.C. No 10 Tr Depot C.E.F.

Date..... July 31st 1916.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

20033



This is to Certify that No. 51294050 (Rank) Private.

Name (in full) John Adair enlisted in

the Army Medical Corps Training Depot No 10.

CANADIAN EXPEDITIONARY FORCE at Camp Hughes, man on the Thirty first

day of July 1916

HE served in Canada

and is now discharged from the service by reason of Having Died.

Part Two Under 7, Para 22. Effective January 2nd 1919.

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

Age 49 years

Height 5 feet 9 inches

Complexion Fair

Eyes Grey

Hair Black Grey

Marks or Scars

None

Signature of Soldier

W. C. Murray

Issuing Officer

Captain

Rank

Date of Discharge January 2nd 1919

O.C.A.M.C. I.D. No 10

Appointment

Signed at Winnipeg, man this Second day of January 1919

in Military District No. 10

File Reference No.

W. Goldstone

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

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

Medals and Decorations .....

Remarks .....

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

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the  
particulars called for on  
the back of this cer-  
tificate will not be com-  
pleted.

# FORM OF WILL.

I, pte John Adair (Name in full)

Regimental Number 524050 serving in C.R.M.C.

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

Mrs. J. Adair  
Royal Crown Bank No 9 Chambers  
Rosser and Brandon } 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 8 day of Nov A. D. 1918

pte J. 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 Wm. H. Bennet

Address of Witness M. H. Texedo

Occupation of Witness Soldier

Signature of Second Witness R. Miller

Address of Witness M. M. H. Texedo

Occupation of Witness Soldier

MILITARY OFFICE  
JAN 12 1918  
H.Q. CANADIAN EXPEDITIONARY FORCE

am  
13-1-19

13-1-19  
2328

WATER & POWER

NOTE  
This note is to be  
filled in by  
the  
owner

WATER & POWER



*J. G. R.*

This space to be for numbers.

*C*



# Proceedings on Discharge.

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

FEB 21 1919  
H.Q. CANADA

No. 5 2 4 0 5 0.	
Rank Private.	
Surname ADAIR.	
Christian name John. <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) Army Medical Corps Training Depot 10.	
Date of discharge January 2nd 1919.	
Place of discharge Winnipeg, Manitoba. Ft. Osborne Barracks.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 49 years.....months.	Descriptive marks  N I L.
Height 5 feet.....9 inches.	
Complexion Fair.	
Eyes Grey	
Hair Black Grey	
Trade Carpenter.	
Intended place of residence <small>(To be given as fully as practicable.)</small> 2234 Victoria Ave. Brandon, Man.	
2. The above-named man is discharged in consequence of Having Died . Part Two Order 7. Para 22. Effective January 2nd, 1919.  Authority for discharge.....Part Two Order 7. Para 22.	
<small>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.</small>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc.
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)
	<i>LP passed to Est</i>

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.....

Four horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

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

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) **Winnipeg, Manitoba.**

(Signature of Soldier.)

(Date) **January 2nd, 1919.**

(Signature of Witness.)

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

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

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

(Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) **Winnipeg Manitoba.**

(Signature) *W. H. Murray*, Capt.

(Date) **January 2nd 1919**

O. C. A. M. C. T. D. No. 10

1-2-19  
2/1-2-19

FEB 24 1919

## List of Discharge Documents.

Reg. Conduct Sheet, . . . . Militia form B. 263

Squadron }  
Battery } Conduct Sheet, " B. 263a  
Company }  
or  
Field Conduct Sheet " W. 178

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, 1 Militia form B. 313

Casualty Form 1 " W. 54

Medical Report for Invalid§ " B. 227

Dental History Sheet 1 " B. 465

Last Pay Certificate 1 " W. 44

Duplicate Discharge Certificate 1 W. 39A

‡Form of Will 1 " W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper 3 Militia Form W. 23  
or  
Particulars of Recruit " W. 133

Proceedings on Discharge 1 " B. 218

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

- (a) Proceedings on Discharge
- (b) Attestation.
- (c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

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

**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.)

**List of Discharge Documents**

None.

.....  
**Signature of Soldier.**

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

M.D. 10  
No. 11

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

Regimental No. **524050** Rank **Private** Name **ADAIR, John**

Corps **A.M.C. Training Depot No. 10** who was\* **struck off strength as dead**

On **January 2nd**, 191**9**, to.....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from **January 1st**.....191**9**..  
to **January 31st**....191**9**..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		
Advances } No. ....			Reg'tl. Pay <b>31</b> ...days at \$... <b>1.00</b> ..	<b>31.00</b>	
by } No. ....			Field Allow. <b>31</b> ...days at \$... <b>.30</b> ..	<b>9.30</b>	
Cheques } No. ....			Separation Allowances* (Monthly) <b>Jan'y</b> ..	<b>30.00</b>	
Assigned Pay and Sep'n Allee. No. ....			Other Allowances* <b>Subsistence</b> ..	<b>1.60</b>	
Other charges			<b>Jan'y 1 - 2nd '19 @ .80¢</b>		
Payment on transfer or discharge No. ....			Other Credits*		
Balance Cr. (to be paid by the new unit) ...	<b>75.70</b>		Bal. Dr. (to be deducted by new unit) .....		
Total	<b>75.70</b>		Total	<b>75.70</b>	

\*Give particulars.

A monthly stoppage of \$.....**18.00**..... (†) has.....**Not**..... (‡) been paid on account of Assigned  
 { Pay for the month of ....**January**.....191**9**. }  
 { and Sep'n Allee. for month of ..**January**.....191**9**. } (to) Assignee **Mrs. J. Adair**,.....(**Wife**).....  
 (Address) .....**2 Northern Crown Bank, Rossier Avenue, Brandon, Manitoba**.....

(†) 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.

Out Allowance of \$.....**---**.....has been paid by Paymaster, Military District No. ....**---**.....

### REMARKS:—

- State (1) date of enlistment .....**July 31st, 1916**.....
- (2) if married and if a Separation Allowance Card has been submitted **YES**.....**YES**.....
- (3) cause of discharge **S.O.S. as Dead**..... authority **S.O.**.....**C.O.**.....
- (4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 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 List of the Unit.

Date ..**January 3rd**....191**9**.....

Place ..**Winnipeg, Manitoba**.....

*[Signature]*  
**A.M.C. T.D. No. 10**  
 Paymaster.

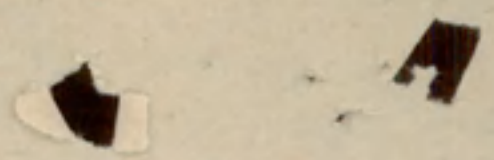
N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CAVALRY CONTINGENT REGIMENTARY FORCE

LIST OF MEMBERS



*[Handwritten signature]*

# CASE HISTORY SHEET.

Brandon General Hospital. Brandon, Man., Station.  
No. 524050 Rank Private Name John Adair Age 49  
Unit C.A.M.C. Completed years of service <sup>Where and how long</sup> }  
Date of admission Dec. 27th.18 Date of discharge Died January 2nd.1919  
Diagnosis Influenza & Apoplexy Place of origin Brandon, Man.,

CONDITION ON ADMISSION AND PROGRESS OF CASE Patient admitted at 5.20 P.M. suffering from headache, coryza, pain in back and limbs and general malaise. General infection, no special organs affected. Urinalysis negative. Pulse 80. Temperature 101. Resp. 20. Patient ran a temperature for two days varying from Normal to 102 when convalescence was established. Condition continued normal thereafter and patient sat up in bed on Jan. 1st.19 and was advised to get out of bed the next day, it being his fifth day with Normal temperature. Just a few minutes after rising on Jan. 2nd. he was smitten with what appeared to be a convulsion, with twitching of muscles and marked cyanosis. He died a few minutes after the onset of the attack. Respiration ceased at 11.45 A.M., January 2nd.1919.



FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Symptomatic - viz - Aspirin, Quinine, Heat etc.

(Especially any specific or special form.)

CONDITION ON DISCHARGE Patient died of natural causes - viz - Apoplexy.

(and disposal made of case.)

Date Jan. 4th.1919.

*J. W. Edmister M.D.*  
Medical Officer i/c case.

*B.1807*

CASE HISTORY SHEET

History of Present Illness: Patient admitted to hospital on 1/15/52 with a 2-week history of fever, malaise, and weight loss. Physical examination revealed tachycardia, tachypnea, and a dry cough. Laboratory studies showed leukocytosis and elevated sedimentation rate.

Course of Illness: The patient's condition improved with antibiotic therapy. There was no evidence of localizing signs. The patient was discharged on 1/25/52 and remained well thereafter. A follow-up examination on 2/15/52 showed complete resolution of symptoms.

Physical Examination: On admission, the patient was ill-appearing with a temperature of 101.5 F. Heart rate was 110 bpm, regular. Lungs were clear. No lymphadenopathy was noted.

Diagnosis: Acute bacterial infection. Treatment: Penicillin G, 400,000 units q.i.d. for 10 days. Outcome: Full recovery.



*mx 15-2-21*

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

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

250M.—1-16.  
H. Q. 1772-39-920.

Unit, Regiment or Corps A M C No 10 Tr Depot C E F

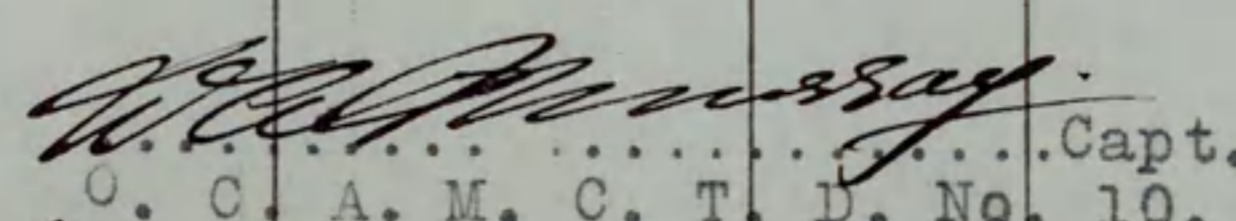
Regimental No. 524050 Rank Private Name Adair, John

C. E. F.

Enlisted (a) 31/7/16 Terms of Service (a) C E F Service reckons from (a) .....

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) Carpenter

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				
10-4-17.	T.O.S.	"G" Unit, M.H.C.C. D.O. 99..			
1-6-18.	S.O.S.	#10 District Depot, " " 63,	Para. 434.		
<i>Trans. to</i>		<i>10 Bateu. C.E.F.</i>			
<i>5-9-18</i>	<i>A.A.S.</i>	<i>Trans. to C.A.M.C Winnipeg 5-9-18 B.O. 98, para. 855- Blurton Lt 7 5-9-18</i>			
		DISCHARGED BY REASON OF HAVING DIED PART TWO ORDER 7 PARA 22. Effective January 2nd, 1919			
		 .....Capt. O. C. A. M. C. T. D. No. 10. <i>for</i>			

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.



*Esmer*

Register No. *D.A. 446*

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *86-9-40.*

✓ Reg'tl No. *524050* Name *John Adair*  
(Christian Name) (Surname)  
Unit *C.A.M.B.* Rank *Pte.* Date of enlistment.....  
✓ Date of casualty *2-1-19.* B.P.C. File No. *108823.*  
Was service performed overseas? *No.*

*no list*

DEPENDENT

✓ Name *Mrs. Bella Adair,* Relationship *Unm<sup>d</sup> Widow.*  
Address *1 Royal Bank Chambers,  
Brandon,  
Man.*

Amount of Special Pension Bonus \$ *80.00* Abstracted by *J.M. Davidson.*

Eligible for Gratuity ..... \$ *90* ✓  
Less amount of Special Pension Bonus paid ..... \$ *80* ✓  
Less Debit Balance of S. A. or A.P. .... \$ .....  
Total deductions \$ *80* ✓

Balance due \$ *10.00* ✓ *9517*

Cheque No. *9.1899375* ✓ Date issued *AUG - 6 1920* *Wom*

REMARKS :  
.....  
.....  
.....  
.....

Clerk *R.J. Ferris*

Audited by *Kent*  
Date *4/8/20*

M.F.W. 2632  
25M-6-30.  
H.Q. 1772-89-1473

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Surname Christian Name

---

Regimental Number Rank Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

L.L. 53961—M. & D. 9721

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

M. F. W. 127  
300M-1-19  
1772-89-1140

Remarks:

31-7-16

MILITIA AND DEFENCE

M. F. W. 11.  
50m.—4-16.  
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Bella Adair  
Address 2234 Victoria Ave  
Brandon  
Man

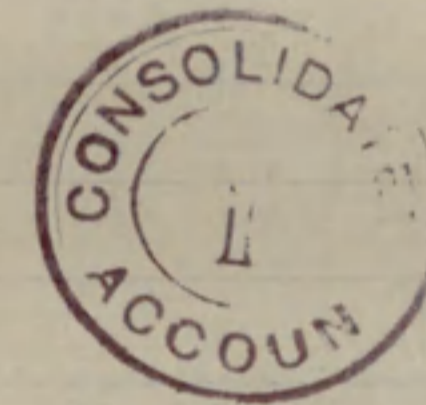
Name of Soldier Adair John  
Regtl. No.  
Rank Pvt  
Corps 4th Mntd Bn 144/17 45th  
C.M.C. I.D. No 10

Relation to Soldier }  
wife, child or mother } wife

To what Corps belonging }  
when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



1.  
4-225

1. 25-33

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Bella Adair*

*wife*  
PAYMENTS.

Name of Soldier

*Adair John*

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.		X 13564	20	20	
Sept.		A 14985	20	20	
Oct.		A 18332	20	20	
Nov.		A 21590	20	20	
Dec.		A 24976	20	20	
Jan.	1917	A 28537	20	20	
Feb.		A 31480	20	20	
March		A 34684	20	20	
April		B 113	20	20	180 <sup>00</sup> ✓
May		<del>B 3569</del>	<del>20</del>	<del>20</del>	cancel B 3569 m/4/17
June			X	X	noch pending m/4/17
July			X	X	
Aug.			X	X	
Sept.			-	-	
Oct.			-	-	
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 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.				



\*Name *Adair, John* ✓ Rank *Pvt* Regtl. No. *524050*  
 Original unit *Am B. S. D. 10* Present unit *Staff* M. or S. Age Religion Ref. H.Q.  
 Fyle Depot

Port, ship, and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued  Yes  No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
<i>20-6-18</i>	<i>Trans to 10th Bn I. RR</i>	<i>63. 134</i>

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

Date.

Remarks.

Pt. 2 Order No.

H. Q. 649-A-5806.

*10th Depot 69 m/c*

ADAIR, Pte. John, #524050,

C.E.F.

Med & D (Widow)

Mrs. Bella Adair,  
No. 2 Royal Bank Chambers,  
Brandon, Man.

P & S (Widow)

Address as above.

*#10*

*190*

*(Ser. #806327)*

Mem Cross (Widow)

Address as above.

Scroll Desp. MAY 3 - 1911 Reqn. No. 2,40853

Plague Desp. \_\_\_\_\_ Reqn. No. 131-

*Canada only*  
*U.*

*SEP 15 1911*

W

46019

FEB 22 1921

113

*[Faint, illegible markings]*

LEDGER NO.

8501-59. - <sup>(2)</sup> 657

SERIAL NO.

✓ B.17807

REG. NUMBER

524050

NAME

Adair, John

RANK

Pte

CORPS

Came

AGE

49

SERVICE

✓

NAME OF HOSPITAL

Brandon General

PLACE

Brandon, Mon

DATE OF ADMISSION

27-12-18

DISEASE

<sup>(1)</sup> Influenza <sup>(2)</sup> Apoplexy

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO

Dead January, 2nd-1918

IN CATEGORY

REMARKS:.....

.....

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.....

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No. 524720 RANK

Pte

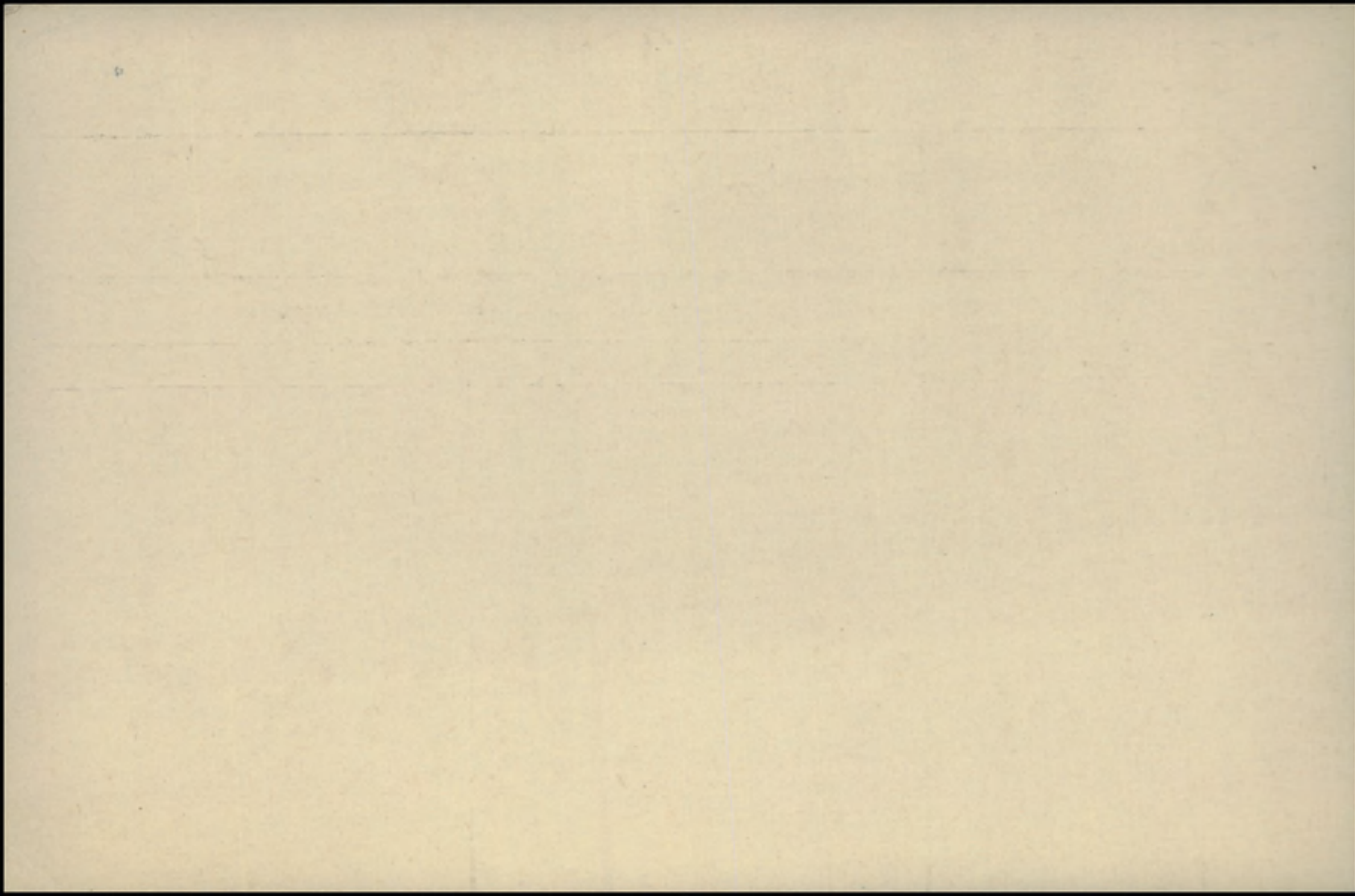
NAME Adair, John

T. O. S. 81-7-16  
2048 7-8-16

UNIT no 10 Training Dept arm C

M. D. 10

PAID FROM		PAID TO		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
					PARTICULARS	AUTHORITY
1916	1916					
July 31	Aug 31			✓		
	Sept			✓		
	Oct			✓		
	Nov			✓		
	Dec			✓		
1917	1917					
	Jan			✓		
	Feb			✓		
	Mar			✓		
Apr 1	Apr 5			n	Trans to H.A.C. 6-4-17	No. 64 of 7-4-17





SURNAME.

Adair

(649-A-5806)

70 CARD NO.

CHRISTIAN NAMES

John

S.O.S. Dec. 2-1-19  
0078 FOLL 9  
dms (30 #10)

REGL. NO.

524050

RANK

Pte.

UNIT C.A.M.C. (S.D.#10)

FORMER CORPS

99th. Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Adair Mrs. Bella

RELATIONSHIP TO SOLDIER

Wife.

ADDRESS

2234 Victoria Ave. Brandon  
Man.

COUNTRY OF BIRTH

Canada Strathroy Ont.

DATE

Feb. 19th. 1870.

PLACE OF ATTESTATION

Camp Hughes Man.

DATE

July 31st. 1916.

MARRIED

yes.

SINGLE

WIDOWER

TRADE OR CALLING

Carpenter

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

46 YEARS

MONTHS

HEIGHT

5 FEET

INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

4 INCHES

COMPLEXION

Fair

EYES

Grey

HAIR

Black. Grey

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Camp Hughes Man.

DATE

July 31st. 1916

Present address: 2234 Victoria Ave. Brandon Man.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

July 31, 1916.

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25		
	1-12-17		
	P.C. 3257		

RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. \_\_\_\_\_  
 Rank *Pte* • Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_  
 Soldier's Name *John Adair*  
 Battalion *9 M.H.C.C.*  
 Beneficiary *Mrs. Bella Adair*  
 Relationship *2234 - Victoria Avenue*  
 Address *(Wife) Brandon, Man.*

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Change of Address \_\_\_\_\_  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>April 30-17</i>		<i>180</i>		<i>180</i>	<i>Account suspended instruction D.P.M.L. 24</i>

*86-9-4*

FILED IN ACTION }  
 DATE OF WOUNDS } DATE  
 S. L. No. *BP 2107/19*  
 TO DESTROY RENDERED  
 B. P. C. FORM 1 & C. F. Y. COMPLETED ON FILE  
*86-9-4*  
*J Collins 16/11*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128  
 400M-6-17-1772-38-1141  
 L. L. 22320-M. & D. 7993.