REGIMENTAL DOCUMENTS

Pte NAME ADAMS WALTER NORMAN REGT. NO. 735618 UNIT 109th Bn H. Q. FILE NO. 1915 (H)

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	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
2	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					Med. Unfit.
	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)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
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1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	S6R132 PC-1					
1	MSW192					
1	DMB375					
4	Misc.					
1	MFW 67					
	Casualty					
1	[illegible]					
1	A2B1237					
	A2W272					
1	[illegible]					

M

H

Discharged 1919

W. 2589
100M-11-16
1772-19-1377

6" log.
Vict Rd

ATTESTATION PAPER.

No. 785610

109th OVERSEAS BATTALION, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Adams
1a. What are your Christian names? ..... Walter Norman
1b. What is your present address? ..... Debright R R No 1
2. In what Town, Township or Parish, and in what Country were you born? ..... Victoria
3. What is the name of your next-of kin? ..... Betsy Adams
4. What is the address of your next-of-kin? ..... Mother Debright Ontario Co Ontario Canada
4a. What is the relationship of your next-of-kin? ..... Mother
5. What is the date of your birth? ..... Jan 12th 1898
6. What is your Trade or Calling? ..... Farmer
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? ..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Walter Adams, 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.

Walter Adams (Signature of Recruit)

Date 14th February 1916. James Daniel Lieut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Walter Adams, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth,** His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Walter Adams (Signature of Recruit)

Date 14th February 1916. James Daniel Lieut (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 Victoria Road in the county of Victoria this 14th day of February 1916.

R. G. Graham A Commissioner &c. (~~Signature of Justice~~)

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

1

Description of Walter Norman Adams on Enlistment.

Apparent Age 18 years 1 months.

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

Height 5 ft. 9½ ins.

Chest measurement: Girth when fully expanded 36 ins.

Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Lt Brown

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

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

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

None.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date February 10th 1916.

Place Lindsay

J. M. Cullock Capt.
Medical Officer
109th Overseas Battalion
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.

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

Lt. Col. (Signature of Officer)
O. C. 109th Overseas Battalion, C. E. F.

Date February 10th 1916.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 725610 (Rank) Pte.

Name (in full) ADAMS WALTER NORMAN enlisted in

the 109th Batt.

CANADIAN EXPEDITIONARY FORCE at Victoria Ont on the 14th

day of February 19 16

HE served in England and France.

and is now discharged from the service by reason of

Medically Unfit.

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

Age 21	Marks or Scars
Height 5' 9½"	Vacc. Scar Left Arm.
Complexion Fair	G.S.W. Chin 16.8.17
Eyes Blue	
Hair Lt Brown	

Walter N. Adams
Signature of Soldier

H. Sargeant Cpl
Issuing Officer
For
O.C. No. 2 Discharge Depot.
Rank

Date of Discharge April 3.1919

Appointment

Signed at Toronto Ont this 3rd day of April 19 19

in Military District No. 2

File Reference No.

No. 2 DISTRICT DEPOT
APR 2 1919
TORONTO

BS

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.
250m —6-18.
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

EAR, NOSE AND THROAT REPORT.

Exhibition Camp, Toronto,

..March 27th..........................1919.

NAME...Adams Walter Norman..........RANK Pte.,.............NO...725610...AGE 21...

COMPLAINT:- Nasal obstruction and discharge

Examination shows:-

Nose Septum deviated to right. Hypertrophied inferior turbinate right Hypertrophied middle turbinate, left. Profuse purulent discharge

Nasopharynx from each nasal cavity. Enlarged nectotic (no history of tonsil trouble)

Pharynx

Tonsils

Larynx

Ears {Right M.T...........................Discharge {

{Left M.T...........................

Hearing Right Left

Voice

Rinne -

Weber

Schwaback

Condition existed prior to service

has been aggravated by service.

RECOMMENDATION Recommended to I.S.C. for correction of nose and throat condition

Category as to ears, nose and throat

(Sgd) G.H.Smith, Capt. C.A.M.C.

27/3/19.

Forms I. 1237 / 12

Bed 20

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	725 610	Pte	Adams	Walter

Year	Unit.	Age.	Service.
1917	20th Canadians	20	1 yr 5 1/2 mos.

Station and Date.	Disease
admitted Royal Herbert Hosp. 22/7/17.	Eb. W of neck (flesh), R side just below inferior maxilla & left way below chin & L is a wound possibly of exit. On L side about 1½" below ear maxilla a slit like wound possibly of entrance. Some swelling between these two. Motions of jaw normal. No sign of extending inflammation. X ray report negative. Boric acid dressing.
23/7/17	
"	Sores on L leg. has had them a month.
24/7/17	Boil appeared on neck. Also on R. leg. Fomentations.
	Dermatologist's report "Furunculosis & pustular folliculitis". Ferment hot Carbol dressings & H_2O_2 wash.
	When no longer pustular Hg Ox flav.
	On Sulphuric acid die MXXV.
25/8/17	Gave 3000 units antitetanic serum. He had received 5000 units previously ~~[illegible]~~. ~~[illegible]~~. Field Card 13/8/17.
31/8/17.	Wounds now healed. Tonsils enlarged. Chronic.
2/9/17.	Most of the pustules have healed.

R. Murray Robb

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E233)

P.T.O.

Station
and Date.

AC/

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION

CATEGORY

Report No. 38057

Unit TWO

M.D. No.

ADAMS----------Walter H

Surname — Christian Name

Permanent Address

RR 1--Seabright--ONT;

No. of S. C. R. File	No. of Local File	No. of H. Q. File

No.* 725610 Rank PTE Original Unit 109th Service Unit* 20

Age* 21 Height ft. ins. Complexion Eyes Hair Conduct

Date of enlistment 14-2-16 Where enlisted Lindsay Where seen service* France

Ship returned by Belgic Date of arrival 1-3-19 Port of arrival Halifax

Birthplace* Religion Meth---

Present disease or disability Cause or origin

--DEMOBILIZATION---CAT A ---

Condition in detail which prevents the soldier from earning a full livelihood

49-A-5338

E. 1. Discharge, no pensionable disability
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

Degree of Incapacity—Eng. Board. Canadian Board

Is disability due to or aggravated by Service?

Probable duration of incapacity

Does it render him unfit for Military Service?

Is further treatment or use of appliances recommended, if so, which?

Destination to which transportation issued

Members of Board

Place Date 19

INFORMATION TO BE FURNISHED BY SOLDIER

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

Name and address next of kin Mother--- As above

Notification of return to be sent to

Occupation prior to enlistment Farmer And for how long followed Life

Regular trade or occupation do

Do you consider that your disability will prevent you from following your previous occupation.

Average earnings previous to enlistment 2 Day Own Farm Any other income

Name and address of last employer

Rent per month If owner of or purchasing property, amount due and annual payment $ $

Taxes If Homestead or Farm, where located

If carrying life or accident insurance, annual premium $ Name of Society

If work should not be available at old occupation, name preference.

I declare that the above statement is correct.

A. General Service.
B. Service abroad, not general.
C. Service in Canada.
D. Treatment.

References As Above

Witness C Jones

Date 3--3-19 Place Quebec Signature Norman Adams

Remarks by Interviewer

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, $

PENSION—Class Amount per year, $ Period granted for Dating from

First payment d

Form S.C.R No. 5c.

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION

AB MAY 7 1928

CATEGORY

Report No.			
Surname Permanent Address	Christian Name		Unit
			M.D. No.

No.	Rank	Original Unit	Service Unit*
Age*	Height ft. in.	Complexion	Eyes Hair Conduct
Date of enlistment	Where enlisted		Where seen service*
Ship returned by	Date of arrival		Port of arrival
Birthplace*		Religion	
Present disease or disability			Cause or origin

Condition in detail which prevents the soldier from earning a full livelihood

Degree of Incapacity—Eng. Board. Canadian Board

Is disability due to or aggravated by Service?

Probable duration of incapacity

Does it render him unfit for Military Service?

Is further treatment or use of appliances recommended, if so, which?

Destination to which transportation issued

Members of Board

Place Date 19

INFORMATION TO BE FURNISHED BY SOLDIER

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

Name and address next of kin

Notification of return to be sent to

Occupation prior to enlistment And for how long followed

Regular trade or occupation

Do you consider that your disability will prevent you from following your previous occupation.

Average earnings previous to enlistment Any other income

Name and address of last employer

Rent per month If owner of or purchasing property, amount due and annual payment $ $

Taxes If Homestead or Farm, where located

If carrying life or accident insurance, annual premium $ Name of Society

If work should not be available at old occupation, name preference.

I declare that the above statement is correct.

References

Witness

Date Place Signature.....

Remarks by Interviewer

Last Pay Cert. C., $ Dr., $ Amount paid at Depot H.Q., $ L.P.C. leaving Depot, $

Amount forwarded to H.Q. Unit, $ Credit Clothing allowances, $

PENSION—Class..... Amount per year, $..... Period granted for..... Dating from.....

First payment $.....

*See S.C.R. No. 5c.

A. Celibat Class. B. Place of birth. C. Place of enlistment. D. Legitimate or illegitimate. E. 1. Deceased on behalf of dependents. E. 2. Deceased on behalf of dependants.

To be made out in duplicate.

DUPLICATE I.Q. 51-21-20-33

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.

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(1) Name of Overseas Unit which Soldier joins 109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 725610

(3) Full Name of Soldier Walter Norman Adams

(4) Place of Birth Seabright, Ontario, Canada

(5) Are you married, or not? No

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

(b) Present Postal Address Nil

(7) Are you a widower? No

(8) Have you any children? Nil

If so, give number of boys and girls Nil

Also their names and ages Nil

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address C.S. Adams, Seabright, Ontario, Canada

(10) Is your Mother alive? Yes

If so, state name and address Betty Adams, Seabright, Ontario, Canada

R.R. No. I

(11) If your Mother is a widow No

Are you her sole support, or not? Nil

(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.

Nil

(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.

Nil

(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.

Nil

(15) Are you insured? No

If so, in what Company? Nil

Have you made arrangements for payment of your Insurance premium Nil

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

Lt. Col.
Officer Commanding.
O.C. 109th Overseas Battalion, C.E.F.

Date 9th July 1916

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

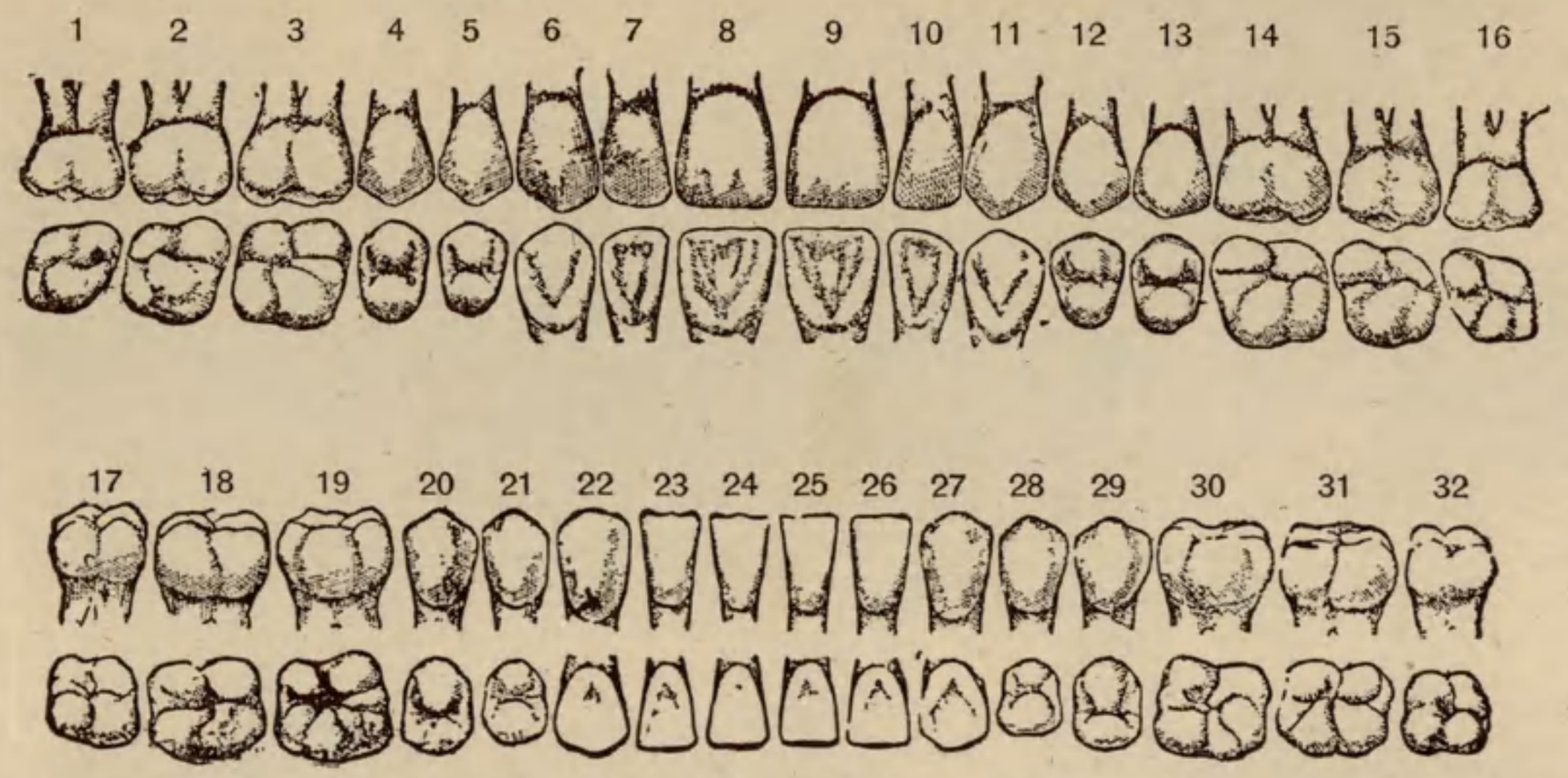
DISTRICT 2

NAME OF SOLDIER Adamed Walter

RANK Pte

REGIMENT

No. 72-6-10



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																							
Discharge Exam. & Exhibition Camp Date MAR 27 1919													DENTALLY FIT								H A Semple Major		

Certificate Issued for

No. 465. 50M.—6-18. 1772-39-950.

C. Coy Lobscombe. V. Road

DUPLICATE

725610

MEDICAL HISTORY SHEET.

DUPLICATE

Surname Adams. Christian Name Walter Norman.

Examined on 10th day of February 1916. at Lindsay

Birthplace City or Town Selwight County Ontario

Apparent age 18 years.

Trade or occupation Farmer

Height 5 Feet 9½ Inches.

Weight 140 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. None Left. One Number One

When Vaccinated last Feb. 10th 1916

(a) Marks indicating congenital peculiarities or previous disease None

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

Approved by J. McCullock Capt. Medical Officer Rank 109th Overseas Battalion, C. E. F. M.O.

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

Date	Result	Vaccinations.
10.2.16.	Good.	J. McCullock M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
9.5.16	Good	J. McCullock M.O.
18/5/16	"	J. McCullock M.O.
25/5/16	"	J. McCullock M.O.
29/9/16	T.A.B.	

Enlisted on 2nd day of February 1916 at Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Bn. C.E.F.	725610.		2.2.16.
Transferred to	21st. Bn.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Willy	20.1.19	Nil	A C Bowen Capt
Ex Camp Toronto	27/3/19	① Nasal Obstruction ② D.A.H. (Slight)	I. S.C.R. as Out-patient A.W. Lemon Capt.

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 Adamson Christian Name Walter Norman

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				

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

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

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

1. Christian Names Walter Norman 2. Surname Adams

3. Rank Pte 4. Original Unit 109 Bn 5. Reg. No. 125610

6. Address, in full, to which future payments of gratuity are to be forwarded
R.R. #1 Sebright Ontario
Canada

7. Date of enlistment in the C.E.F. 14th Feb. 1916

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge None applicable

9. Relationship of such dependent "

10. Present address, in full, of such dependent not applicable

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No.

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
109th Bn. July 1916 to October 1916

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? No

14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service No.

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served Total Service 2 yrs. 2 mths. France 20 mths.
109th Bn. Feb 1916 to Oct 1916. - 20th Bn. Oct 1916 to discharge April 3/1919.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No.

M.F.W. 2595.
1772—39—1389.
122—D.P.—250M-2-19.

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

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... No

20. Have you been issued with a War Service Badge If so, what class? ..... A

21. Have you, during the present war, served in the Imperial Forces? ..... No

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... No.

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England ..... No.

(b) If so, was such reversion in consequence of misconduct or inefficiency? ..... ~~No~~

24. Are you now serving in the C.E.F. ..... No ..... If not, give:—(a) Date of discharge ..... 7/4/19 ..... (b) Reason for discharge medically unfit,

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

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit .....
20th Bn. Oct 1916 to Aug. 1917.
— " — March 1918 to January 1919.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... Yes.

(b) If so, are you in receipt of full pay and allowances from that Department? ..... No.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: W. H. Adams.

Place of Residence: #1. R.R. Debright. Ontario

Declared before me at: Toronto

This 3rd day of April 19..19.

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

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

725610

MEDICAL HISTORY SHEET.

ORIGINAL

Surname: Adams. Christian Name: Walter Norman.

Examined on 10th day of February 1916 at Lindsay

Approved by J. McCulloch Capt. Medical Officer

Rank 109th Overseas Battalion, C. E. F.

Birthplace: City or Town Sebright; County Ontario

Apparent age: 18 years

Trade or occupation: Farmer.

Height: 5 Feet 9½ Inches.

Weight: 140 Lbs.

Chest measurement: Minimum 33 inches. Maximum expansion 36 inches.

Physical development: Good

Small-Pox Marks: None

Vaccination Marks: Arm Right. None Left. One; Number One

When Vaccinated last: Feb. 10th 1916.

(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	
16/9/17	D.	[illegible]	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

27 AUG 1917

Date	Result	Vaccinations	
10.2.16.	Good.	J. McCulloch	M.O.
		[illegible]	M.O.
	8-10-17.		

Date	Result	Anti-Typhoid Inoculations, Etc.	
9/5/16	Good	J. McCulloch	M.O.
18.5.16	"	J. McCulloch	M.O.
25.5.16	"	J. McCulloch	M.O.
T.A.B. 29.9.16	"	H. Boyd	do

Enlisted on 2nd day of February 1916 at Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Bn. C.E.F.	725610.		2.2.16.
Transferred to	21st Bn 12th Res. Bn 20th Bn 29/3/17			15-2-18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
E. Sandling E. Sandling	2-10-17. 7.11.17.	G.S.W. face G.S.W. face	D. Hamilton A. Thomas Campbell Capt.

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.

CANADIAN

Surname Adams Christian Name Walter Norman

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.
Royal Herbert Hospital Woolwich		22	8	17	12	9	17	G Stochin	28	Transferred to Woolwich PK	[illegible] Capt RAMC
M & H Epsom		13	9	14	21 SEP		17	-do-	9	Penetrating rod. through neck above. Lungs no disability. Cat. A III	[illegible] Capt
									4		

D.M.S. 1375.

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

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

Rank Pte Name Walter Norman Surname Adams

Unit or Corps 20th Bn Gen. Dept (If a soldier) Regtl. No. 725610

Born at Sebright Ont. on, date 14-1-1898

Signature (for identification) Walter Adams

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

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

Weight 165 lbs.

Height 5 ft. 9½ ins.

2. NUTRITION AND DIATHESIS?

Good

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

3. NERVOUS SYSTEM?

nil

4. RESPIRATORY SYSTEM.

nil

5. HEART?

Abnormal Sounds? nil

Abnormal Size? nil

Pulse Rate? 70 Intermittence or irregularity? nil

6. ARTERIES.—Any hardening? nil

7. DIGESTIVE SYSTEM?

nil

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1004 Reaction? ac Albumen? nil Sugar? nil

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

slight neg

OR 6/6 Ears - hearing normal

OL 6/6

H E Palmer

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

nil

HEADQUARTERS A.D.M.S. 1 FEB. 1919 File CANADIAN TROOPS, WITLEY.

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

Good

Examined at Witley Signed [illegible] M.O.

Date 31-1-19 Signed [illegible] M.O

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

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

M. F. W. 5
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 20th OVERSEAS BATTALION C.E.F.

Regimental No. 425610 Rank Private Name Adams Walter Gorman.

Enlisted (a) 16.2.16 Terms of Service (a) D of W Service reckons from (a) 16.2.16.

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) Farmer

Report Date	Report From whom received	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.
		Embarked Canada.	Halifax	24.7.16	
		Disembarked England	Liverpool	31.7.16	
5.10.16	109Bn	Transferred for Overseas Service with 20th Battalion.		OCT 5 1916	D.O. Pt. 11.279
6/10/16	C E Dep	Arrd & taken on strength	20th Bn	6/10/16	61d/11/10/16
do	do	Left for	do	20/10/16	
27/10/16	20th Bn	Arrived	do	23/10/16	R213
16-8-17.	11 Gen.	Sick Chin adm 11 Gen		16-8-17	W.30 Sec.
22-8-17	do	Inv (Wdd) & posted to 1st Centl Cnt. Depot, Shorncliffe per HS Prin Eliz		22-8-17	Regl W3083. 3801. Pt 2 61d/4-9-17.

J W Hogan

Major for Lt.-Col., A.A.G.
Canadian Section, G.H.Q. 3rd Echelon B.E.F.

CERTIFIED CORRECT.
18 OCT 1916
A.R.C.

ADJUTANT
109th Overseas Battalion, C.E.F.

CAPTAIN,
ADJUTANT,
109th BATTALION CAN. INFANTRY.

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

[P.T.O

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
30-8-17	1.C.O.RD.	T.O.S. ✓	Sandling	22-8-17	P.D.O. 174 66
1.10.17	1CCD CMH Epsom	Admitted to 1st C.C.D. from ..... D.O. Pt. II. No. ~~196~~ ✓		21.9.17	H.C. Matum Lieut for Colonel i/c Records, Capt D.O.M.7
29.9.17	1CORD	On Com^d by 1 CCD.	Sandling	21.9.17	— 20
13-11-17		Ceases to be attached to	Pk II 196		
13.11.17	1st CCD.	C. Sandling on proceeding to	5th Res	13.11.17	Bn. Part II D.O. No. 239 13-11-17
					Chas Lesage Lt for Adjutant, 1st Canadian Command Depôt,
16/11/17	1st.CORD	S.Off.S.to 5th.Res.Bn ✓	W.Sandling	13-11-17	Bn.Ord 352
15-11-17	O.C.5th	T.On.S.from 1st.C.OR.D ✓	W.Sandling	13-11-17	Bn.Ord 313
15-2-18.	5th Res: Bn:	S.O.S. 5th Res: Bn to 12th Res: Bn: ✓	W. Sandling	15-2-18.	Bn Order 46.
15-2-18.	12thResBn	T.O.S. from 5th RES; Bn: ✓	W. Sandling	15-2-18.	Bn Order 40.
29-3-18	do.	S.O.S.to 20th.Bn. ✓	Witley.	29-3-18	PartII 76.
12.3.18	12 Res.	Award G.C. Badge	Witley	12.3.18	— 61

H.C. Matum Capt. Adjutant, 1st Reserve Bn. (Cent. Ont.) C.E.F.

E.S. Young Lieut. i/c Records 12th Res. Bn. C.E.F.

One

R Hooper LIEUT.
FOR LT: COL: I/C RECORDS. C.O.M.F.

Army Form B. 103.

Sheet 11

Regimental Number 725610

Casualty Form—Active Service.

Regiment or Corps 20th Canadian Battalion.

Rank Pte Surname ADAMS Christian Name W.N.

Religion Age on Enlistment years months

Enlisted (*a*) Terms of Service (*a*) Service reckons from (*a*)

Date of promotion to present rank Date of appointment to lance rank

Extended Re-engaged Qualification (*b*) or Corps Trade and rate

Occupation Signature of Officer

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
		Embarked			
		Disembarked			
29-3-18	2 I B Dep.	Arrd & T on S 20th Bn 29-3-18.	N.R. Pt 2 No.31D/6-4-18.		
1-4-18	do	S off S to	51 Genl	1-4-18.	N.R. 280
31-3-18	51 Genl	V.D.G. adm	do	31-3-18.	E.1149.
2.7.18	—"—	—"—	Trans CCS in Army	2.7.18.	G.328.
2.7.18	1 C. CCS.	V. D.G. Paris Corr.	Adm 1 C CCS.	2.7.18.	G.118.
		Venereal Duty Patients.			
1-7-18	51 Genl	Forfeits Fld Allce & placed under stoppage of pay at rate of 50 cents per diem whilst in hosp from 31-3-18 to 1-7-18 (93 days)			AFO.1643. AAG No.5440. Pt 2 No.62d/17-7-18
23.12.18.	1. C. CCS.	Was despatched to the CCRC.		23.12.18.	Letter. K1.17-174.
27.12.18	C 2BD	Tempd. Class A ex 1 Ldn CCStn		27.12.18	NR559
4.1.19	C 2BD	Trans to Eng & posted to 1st Cent R.D. Witley		5.1.19	NR.

(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) Signaller, bugling-blasting, &c.

W. 9687—562736 2000m 9/17 (8201) C. 1. S. 1.td Form B.103 8/1907. P.T.O.

Chas Bethwell
Lieut. for Lt.-Col., A. A. G.
Canadian Expdy Force, Q. 3rd Echelon

725610 Adams W. R.

Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks: Taken from Army Form B.213, Army Form A.36, or other official documents.
11-1-19	1st Coord	T.O.S. from France: on strength depot 6	Witley	10-1-19	D.O. 9
17-2-19	1st Coord	T.O.S. to Toronto Chief Off D. 2	do	15-2-19	D.O. 38. J.H. Pearce Lieut. Officer i/c Records.

16 FEB 1919 Attached C.C.C. Kinmel Park for return to Canada. Part 11 Orders No. _____. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No: 56 7-3-19 H.E. Crowdy Capt
Commanding 2 Wing,
Kinmel Park Camp,

SL IVII FEB 23/19
HR HrX MAR 2 10
H M 1 #46610

FEB 23 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. O. 67

3/4/19 S.O.S. (Discharged) No. 2 District Depot
Part II, D.O. No. 91

For O.C. No. 2 District Depot

Lieut.
For O. C. No. 2 District Dep.

URINE REPORT.

DATE..... 19....

NUMBER..... NAME. Adams UNIT.....

SPG..... ALBUMEN. Nil SUGAR. Nil REACT.....

MICROSCOPIC.....

26/3/19.

#725610 Adams, W.N.

Not short of breath after walking up 20 steps.

Expansion 34-5 38 35

Chest fairly well developed. There is slight retraction and impairment resonance right apex. No adventitious sounds. ~~xxxxxxxxx~~ Quality of breath sounds good. No present disence of lower respiratory tract detected on examination.

(Sgd) F.H.Praten,
Major C.A.M.C.

(9 38 40) W5605—742 300,000 8/15 HWV(8M1268) Forms/W3172/2

Army Form W. 3172.
(In pads of 50.)

R H. Hospital.

Ward B U S. No. of Bed 20 Date Aug 23

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
725610	Pte Adams W	20 Canadian	Neck & Chest

SHORT HISTORY OF CASE. 20.
(To be completed by M.O. i/c case)

G.S.W. Neck.
? In Lts — No opas:

Signature of M.O. [illegible] Capt
Date 23/8/17

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate F.
Lat 4852 } 10×8
Ap 4853 }
↑s
Nothing abnormal seen.

O i/c X RAY DEPT
R.H.H. WOOLWICH

Signature of Radiographer
Date

URINALYSIS REPORT
(for board)

Regtl. No. 725610 Name Adams W. R.

Rank Pte Unit R.L.G.

Sp. gravity 1004

Reactio Acid

Albumen nil

Sugar nil

Microscopic

Canadian General Laboratory
29 JAN. 1919
WITLEY

Captain C.A.M.C.
for Major C.A.M.C.
O.C. Canadian General Laboratory.

Pte. Adams 20th Canadian Bed 20.

B. W. S.

honed dermatologist Hadley

See this man. Jones on leg.

W. Murray Pope

Butler

Advertising

furunculosis.

& perst: folliculitis.

suggest. ac sulph dil ℥ss t.d.s.

Ferment.

hot-cresol dressings & H_2O_2 washes.

Ung Hg Ox flav.

& transfer to Skin Hosp, when wound is healed.

R—122

A.G.R. Rank Name **ADAMS, Walter Norman** Reg'l No. **725610**

Unit **109th Bn.** If in perm. Corps, What Unit? Married or Single **Single.**

Place and Date of Enlistment **Victoria Rd., in the Co., of Victoria, 14th Feb., 1916.** Place of Birth **Victoria.**

Name and Address, Next-of-Kin **Betsy Adams,**

P.O. Sebright, Ontario Co., Ontario, Canada. Relationship **Mother.**

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

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 H.M.T. 2310 31-7-16			
5-10-16	109th Bn	S.O.S. to 20th Battn	Bramshott	5-10-16	Pt II. DO 279
11-10-16	20th Bn	T.O.S. from 109th Bn	Field	6-10-16	" II 55
27-8-17	"	Royal Herbert Hosp	Woolwich	22-8-17	G.R. B414
27-8-17	"	Mil Gen Hosp.	Camiers	16-8-17	G.R. 17588
30-8-17	6 ORD.	S.O.S.	Sandling	22-8-17	Pt II O 174
17-9-17	16 OR.	Can Con Hosp	Epsom	14-9-17	G.R. B13 (20)
26-9-17	"	Dis Can Con Hosp	"	21-9-17	G.R. B26
29-9-17	16 ORD	On Comm 16 CD.	Sandling	21-9-17	Pt II O 204
13-10-17	1. C.D.	At Cease act. 1 CD.	"	13-11-17	Pt II O 239

20 Bn Pt II O 61 of 4-9-17

(20) 660 of 1916 196 of 1-10-17

Hole.

Adams Walter Norman # 725 610

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.
					96 II O 252 d/16.11.17 1 CORD
15-11-17	5 Res.	T.O.S. from 1 C.O.R.D.	Sandling	13-11-17	Pt Dc 313.
15-2-18	12 Res	T.O.S. from 5 Res. Pte	"	15-2-18	Pt 040 { 5 Res Pt 40 46 d/15-2-18
12-3-18	✓	Awarded Good Conduct Badge Pte	Witley	12-3-18	Pt 61
29-3-18	✓	S.O.S. to 20 Bn O/S. Pte	✓	29-3-18	Pt 76 (20 Bn Pt 40 31 d/6-4-18
11-1-19	1 CORD	TOS from 20th Bn.	✓ ✓	10-1-19	D.O. 9 (20 Bn DO 18 15-2-19
17-2-19	✓	SOS to MD 2 Rhyl	✓ ✓	15-2-19	38 (MD 2 D.O. 45 d 22-2-19)
7-4-19	MD 2	S.O.S to Canada	✓ Rhyl	22-2-19	56
					S L 12 22/2/19

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs. Betsy Adams

L. L. Job 4503.—Req. 6832.

PAYMENTS.

Name of Soldier Pte Adams W. W.
725610. 109th Btn

Month.	Year.	Cheque No.	Amt.		Remarks.
					$15.00 Oct 1/16.
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.		~~P29179~~	~~30~~		Posted in error.
Nov.		P29179	30	✓	
Dec.		V34797	15		
Jan.	1917	C37999	15		
Feb.		C43054	15		15 R
March		C49343	15		15 R
April		P 47	15	✓	15 R
May		D6221	15		
June		D12599	15		15 R
July		D19845	15		S
Aug.		E26898	15		L
Sept.		E33691	15		Cu 180.00 ✓
Oct.				✗	
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

McC

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.						

L. L. 28912. M. & D. 8368.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m.—10-17.
H. Q. 1772-39-819.

B

To Whom Wm. A. Adams,

Address Beaverton, Ont.,

By Whom Assigned Adams. W

Regtl. No. 725410

Rank Pte

Corps 20th Bn

Rate $25.00

SPECIAL REMITTANCE

Sched # 443. 16.10.17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917 1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		W44257	25	Mailed-17/11/17-
Dec.				
Jan.	1916			
Feb.				
March				

C.A.D.C. 5009A

2

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

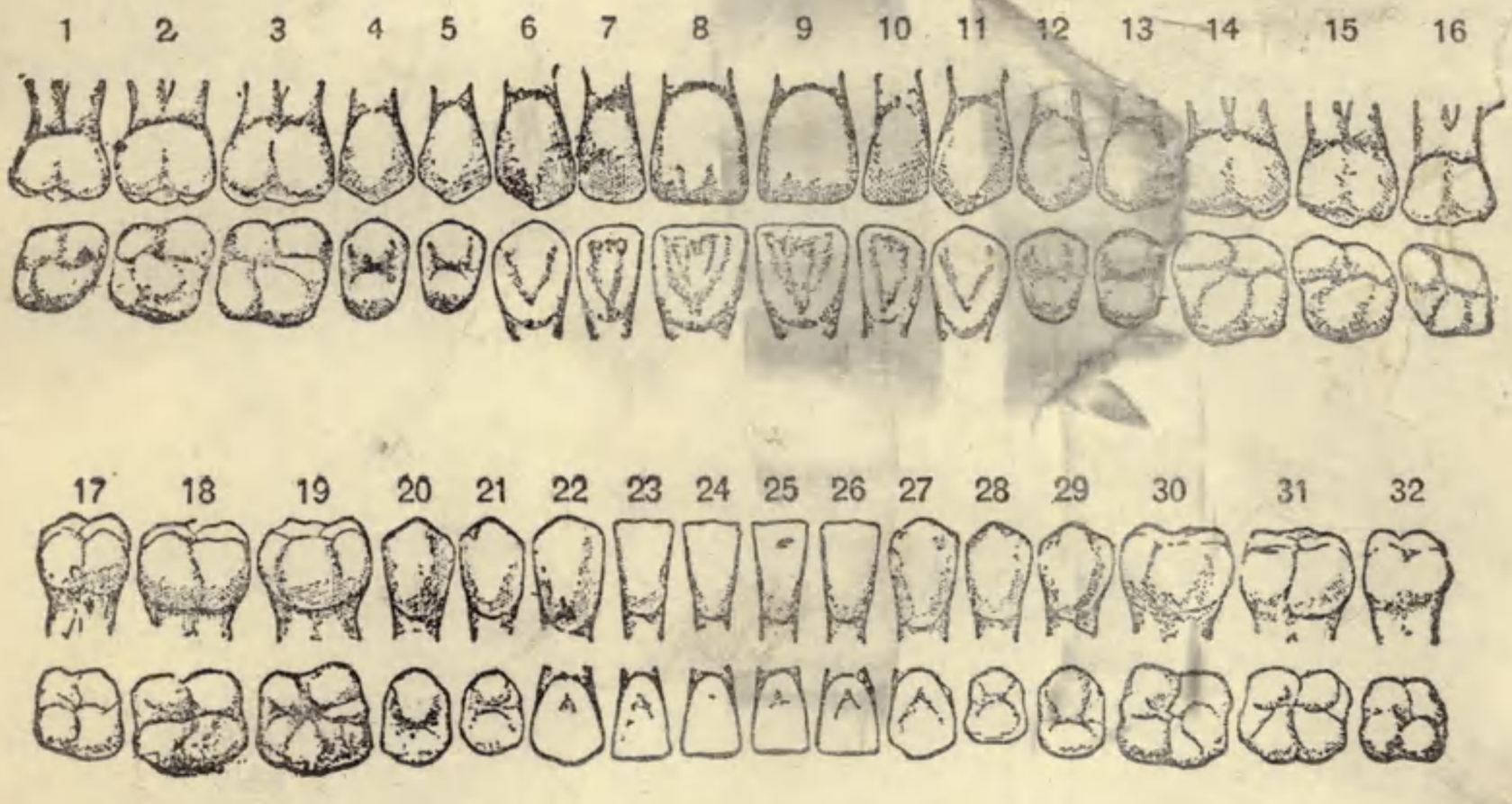
DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) ADAMS. W. H.

REGIMENT 1ST. C.O.R.D. RANK PTE. No. 725610

Date of Examination in England 6-2-19 | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS —
2. EXTRACTIONS —
3. CROWNS —
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada
- (*b*) In England yes
- (*c*) In France

Signature of Dental Officer [illegible] Capt

L. E. Job 4503.—M. & D. 6332.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

P. 18 14/17 4 Sow

To Whom Mrs. Betsy Adams

Address Seabright Ont.

By Whom Assigned Adams. W. N.

Regtl. No. 725610

Rank Pte

Corps 109th Bn.

Rate $15.00 Oct 1/16

2.M. 4/16 W.D. 28/16

PAYMENTS

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

Consolidated Account

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

593

Date of Assignment Oct 1st 1916.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15—			

PARTICULARS OF SEPARATION ALLOWANCE

No. 725610

Rank Pte Promoted Reverted Discharge

Soldier's Name W. H. Adams.

Battalion 109th Bn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Betsy Adams

Address Seabright, Ont.

Change of Address

1

2

3

4

Date		Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 099-W-83 (74683)
Sep 30		17		180	180		
Oct	B	60593		15	15		
Nov	B	52294		15.	15		
Dec	B	57878		15	15		
Jan/18	B	64325		15	15		
Feby	B	90566		15	15		
mar	G	97792		15	15		
apr	G	7562		15	15		
May	A	10489		15	15		
June	B	13425		15	15		
July	Y	26879		15	15		
AUG	A	28855		15	15		
SEP	A	35466		15	15		
OCT	A	42090		15	15		
NOV	A	50191		15	15		
DEC	B	62529		15	15		
JAN	B	69635		15	15		
FEB	A	76785		15	15		
MAR	D	82572		15	15		
				450			

A/c Closed 31/3/19
Ret'd per Belgic
Date 1/3/19 M.F.W.187
Clerk M.D. 2 Fallier

AUDITED.

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22520—M. & D. 1493.

*Name L ADAMS Walter Norman Rank Pte Regtl. No. 725610 LH

Fyle Depot 24 ab. 66

Original unit ..... Present unit 12th Res. M. or S. Age 20 Religion Meth Ref. H.Q.

Port, ship and date of arrival Belgic Halifax 2-3-19

Next of kin Mother B. Adams Sebroght.

Address on leave same

Address on discharge same R.R.#1.

Transportation issued Yes No Date ..... Character on discharge .....

Previous occupation Farmer. Date and place of enlistment Victoria Feb 14-16

Diagnosis Defected septum. Hepertrophied turbinates. D.A.H. Date of Medica Boards 26-3-19.

Date.	Remarks	Pt. 2 Order No.
TOS 23-2-19 postedto CAS CO (EXCAMP)2-3-19		
	leave with subssfrom 6-3-19 to 20-3-19 67	
3-4-19	SOS DISCHARGED "MED.UNFIT" not entitled to WSG or CA to take IN-Pat. treat't with S.C.R	91

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

(over)

Date	Remarks	Pt. 2 Order No

M. F. W. 192
150m.—5-18
1772-39-1243

FORM D.M.S. 1300

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Adams,	W. R.	725610

RANK	UNIT	CO.	TROOP	BATTY.
Pte	20th Bn	1st C.O. Reg.		

HOSPITAL — DATE OF ADMISSION

1. 11 Gen. Camiers — HOSP. 16-8-17
2. Royal Herbert Woolwich — HOSP. 22-8-17
3. 1st Gen. Epsom — HOSP. 14.9.17
   51 Gen. Staples — 31.3.18
4. 1 C.C.C. Station — HOSP. 2.7.18

DIAGNOSIS

1 G.S.W. Chin Mld. Rt.

V.D.G. 6/

2- Convral. Ven Duly Pat-

3

DISPOSITION — DATE

Ch. 27-8-17 A588 (1) — Dis. 21-9-17

27-8-17 B419

18.9.17 B13.

" 26-9-17 B21 (3)

" 6.4.18 a181

10.7.18 A261 (2)

REMARKS

EPITOME OF HOSPITAL TREATMENT

HOSPITAL	ADM.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

FILE No. 425610 VOL.

SUBJECT Adams Walter N

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE
SUR		20/10/35			

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

O.S.S. 5—30M—2-34 (7000)
H.Q. 1772-45-8

FILE No. VOL.

SUBJECT

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

O.S.S. 5—30M—2-34 (7000)
H.Q. 1772-45-8

REGT'L. No. 725610

NAME Adams Walter Norman

H. Q. FILE No. 649

RANK AND CORPS Pte. 20th Bn (Form 109th Bn.)

FOLLOWS No.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
M. 5-954 2-7	27-8-17	C, adm. to No. 11 Gen Hosp. Camiers, Aug 16th 1917 (Gsw. chin)

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 588.	11 Gen Camiers.	16-8-17	Gen Chir Mld
B419.	Royal Herbert Woolwich	22-8-17	" " " "
BB-2	201 " " Mil Conv. Epsom	14-9-17	" " " (Ext Ant Ank)
B21.	24 " " " Disc "	21-9-17.	" " " "
a 181	# 51 Gen: Etaples	31-3.18.	V.D.G.
a261	1 Can Cas. Cly. Stn	2-7-18	" " " Contral Ven duty patient

Form R. 149.
7106—250m—7/2/17.

Norman

Name ADAMS, Walter *Rank* Pte. *Reg. No.* 725610

Unit 20th. Battalion

Next of Kin Canada

Date 1917	Movement	Place	Casualty Mild	List No.	Notified N/K O.	W.O. List
16-8.	No.11. Gen Hosp.	Camiers	GSW. Chin	A588.	M5954	27-8
22-8.	Royal Herbert H.	Woolwich	do	B419		
14-9	Con Convs Hosp	Epsom (Auth 2049)	do.	B13		
21-9	discharged	(372)	do	B 21		

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Form R. 149.

Walter Norman

Name ADAMS Rank Pte Reg. No. 725610

Unit 20th Bn

Next of Kin Canada

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
31	3	57 G.H.Q. Staples		V.D.G.	A181			582/18
2	7	1 Can C.C.S.	V.D.G. Cont.					5 2 508
			Ven. duty patient			A.261		

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

No. 125610 RANK Pte NAME Adams, W. Jr.

Walter Norman

T. O. S. 10-2-16, UNIT 109th Battalion

S.O. 76. 17-2-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb. 10	1916 Feb. 29	✓		
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED
JUL 23 1916

Form DMS 1401.
8289 100M 9/3/17.

A. & D. CARD

_____ HOSPITAL.

AT _____

I

A. & D. No. _____ PL. OF ACTION _____

RANK 225610 Pte UNIT 20 SICK OR WOUNDED

NAME Adams W. AGE 20 RELIGION M.

PLACE IN HOSPITAL _____

DIAGNOSIS GSW Chin

ADMITTED _____ FROM R.A. Woolwich

DISCHARGED D1 21/9/17 TO 1 C.C.D. Sandling.

TRANSFERRED _____

SERVICE AT HOME 15/12 IN FIELD 10/12

RESULTS _____

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

REMARKS.

14-9-17 Penetrating wound through neck above larynx, no disability D i

F. C. Marlow Capt.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farmer RELIGION Methodist

DESCRIPTION.

APPARENT AGE 18 YEARS 1 MONTHS

HEIGHT 5 FEET 4 1/2 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Lt. Brown

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Lindsay DATE Feb. 10th. 1916.

CARD NO. 2

SURNAME. Adams,

CHRISTIAN NAMES Walter Norman

REGL. No. 725610 RANK Pte.

UNIT 109th.

FORMER CORPS Nil.

Cos Dis M.U. 3-4-19
FOLL.
D.O.S. of 1-4-19
2 DD
Batt.

NEXT OF KIN.

NAMES IN FULL Adams, Mrs. Betsy

RELATIONSHIP TO SOLDIER Mother

ADDRESS R. R. No. 1 Sebright, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Victoria, Ont. DATE Jan. 12th. 1898.

PLACE OF ATTESTATION Victoria Road DATE Feb. 14th. 1916.

Sailed from Halifax 23/7/16 per S.S. "Olympic." 48/3

RIC 1-3-19 276/2 pk

L. L. 90589.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

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 criticised.

Yes

19. Is the invalid fit for

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

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

Nose and throat In patient 1 week.

(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.)

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

T. S.C.R. as in-patient

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

President.

PLACE Ex. Camp, Toronto

DATE 27/3/19.

Members

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 invalid 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

DATE

Members

APPROVED BY

Assistant Director of Medical Services.

DATE MAR 29 1919

APPROVED BY

Director-General of Medical Services.

DATE

TKP

APPROVED
MAR 29 1919
CAPT.
FOR A. D. M. S. M. B. 2.

THIS FORM WILL BE USED FOR ALL RANKS

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 invalid 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 invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such 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 7, 8, 9 and 10 be communicated to the invalid, 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 Ex. Camp, Toronto DATE March 6th 1919

1. 1 (a) Unit D.Depot #2 (b) Regimental No. 725610 (c) Rank Pte.
(d) Surname Adams (e) Christian name Walter Norman
(f) Home address R.R. #1 Sebright, Ont.
(g) Next of Kin Mrs. Betsy Adams (h) Relationship Mother
(i) Address of Next of Kin R.R. #2 Sebright Ont.

2. Age last birthday 21 Date of birth Jan. 19/1898

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay, Ont. (b) Date Feb. 10/16

4. Personal description:
(a) Height 5' 9-1/2" (b) Weight 156 (stripped) (c) Complexion Fair
(d) Colour of hair Lt. Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.
Vaccination 1 left arm. 2 small round scars left knee cap. Tattoo left forearm ant. leg.

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
109th Battalion C.E.F.	3	45

	Periods From	Periods To
Canada	Feb. 10th 1916	Aug. 1st 1916
England	Aug. 1st 1916	Oct. 5th 1916
France or other theatres of War	Oct. th 1916	Jan. 7th 1919
England and Canada	Jan. 7th 1919	To date

7. Original disease, or injury (1) Deflected septum, hypertrophied turbinates
(2) D.A.H.

(a) Date of origin (1) Before enlistment (2) Since enlistment (b) Place of origin (1) Sebright, Ont. (2) France
(c) Cause (1) Unknown (2) Active Service

M. F. B. 227.
400M—11-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

(1) Partial loss of function of the nose

(2) Partial loss of function of the cardo vascular system

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

(1) Objective and Subjective:- See special report. Chest and nose and throat

(2) Subjective:- Slight cough 2 months in mornings expectoration 3 ounces, blood streaked at times, yellow thick. Pain sharp under sternum after running or lifting heavy article. Short of breath on extra exertion.

(2) Objective:- Heart not enlarged. Slightly irregular

	At rest	Touching toes 16 times	1 minute.
Pulse	80	120	76
Resp.	18	28	18

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System no (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

No evidence of haemorrhoids, varicose veins, varicocele, hernia or goitre.

Albumen and sugar negative.

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Family History: No T.B. No heart disease.

Past illness: Chickenpox Pneumonia, 3 years ago, Measles Pleurisy.

Was shot, throat August 15/17. In Hospital 6 weeks in England, Cough started March 1916 when he had pneumonia. Was in Military Hospital, Lindsay Ontario. Was under treatment 5 or 6 weeks light duty 2 months. Cough persisted.

(2) None

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Pneumonia March 1916

V.D.H. March 1918 France - 3 months

(*c*) (Here give a description of wounds, scars and deformities.

See section 4 (f) (8) yes

11.—(*a*) Did the disabling condition have its origin before enlistment? 1-2 No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

1 yes has greater difficulty on breathing

2 Nil.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 1-2 a-b 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? (1) Without operation permanent. without operation 6 weeks
(2) 1 year

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

1-2 None

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)

1. Yes operation and treatment (2) No

16. Can the former trade or occupation be resumed? Yes, after connection of (1)
(If not, briefly state why) treatment (operative and otherwise) of (1)

17. Recommendations

B. G. Millman Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned W. N. Adams, Pte. 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

W. N. Adams. pte Rank.
Signature of invalid examined.

"BELGIC" 1:3:19

No. 2 DISTRICT DEPOT

a. 720

AUDITOR	PAYMASTER

3.

M. OR S.

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

REGT. No. 725610 RANK Pte. NAME (IN FULL) ADAMS W. N. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

nil

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 20th Bn. — IF IN P.F. WHAT UNIT? R.R. 1, Seabright, Ontario.

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 14/2/16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1-4-19

PAYABLE TO Mrs. Betsy Adams — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Seabright, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED In patient — PLACE Toronto — DATE 3.4.19 — REASON MU — AUTHORITY D.O. 91 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	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.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
28-2-19		$1.10					62	58																													
									62	58	20969	14-2-19					24	33																			
													28-2-19				4	87																			
													1-3-19				5	00																			
													1-3-19				30	00					15	00													N.T.D.
																															79	20	16	62			a. 8 March 1919
1-3-19	31	1.10	34	10	12				46	10	S104750						20										16	62			36 62				9	48	T.O.S. D.O. SUBSH. TO D.O.
31-3-19																																					
Apr 1-3	3	1.10	3	30	35		9	48	47	78	S108981		S108982				35		12	78											47	78					
183 days									420								Apr. 3	241955					70								70		350				Mdc called 3/4/19
																	May 1	249386					70								140		280				
																	May 29	655555					70								210		210				Released DOR 30-5-19
															PR 76		June 30	667883					70								280		140				Vi. S. C. [illegible]
															PR 91		Jul. 23	807185					70								350		70				CAPTAIN PAYMASTER WAR SERVICE GRATUITY
															PR 125		Aug 26	1344298					70								420						
									420														420								420						

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1500.

Marries or Single: Single

Place of Birth: Victoria Road Ont

Name and Address of Next of Kin: Mrs Betsy Adams, Sebright 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

Reg'l. No. 725610 Rank: Pte Name: Adams Walter Norman

If in Perm. Corps What Unit: Unit 109th Bn Transferred to 28th Bn Date 5/6/16 Authority 30-279

Permanent Force Allowances: Transferred to 1st CORD Date 1/11/17 Authority N. Roll

Place of Attestation: Victoria Road Ont Transferred to 20th Bn Date 1/4/18 Authority

Date of Attestation: Feby 10/1916 Transferred to ✓ Date 1/9/18 Authority

Assigned Pay Monthly $ 15.00 Date Effective Oct. 1st 1916

Payable to Mrs Betsy Adams Relationship Mother

Assigned Pay Monthly $ Date Effective Sebright Ont. Can.

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective Reason

Discharge Date and Place Reason and Authority

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

Checked W.P. Hall

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
July 31														24 48	24 48									Bal from Canada							24 48				Bal. from Canada
Aug 31	31	1.00	31		31	10	310								340	20	8/8/16																		
Sept.	30	1.00	30				3								33	52	31/8/16	84	15/9/16																
Oct 1-5		1.00	5		5		50								550																				
Oct 6-31	26	1	26		26	10	260								2860																				
Nov	30	1.	30		30	10	3								33	1324	30/10/16																		
																1422	30/11																		
Dec	31	1.	31		31	10	310								340	1361	22/11																		
1917			1530				1530																												
Jan	31	1.10	34 10												34 10	1576	16/1	1590	6/1					523	262			15		2285	10403				
Feb	28	1.10	30 80												30 80	1661	29/1	1720	7/2					262	262			15		2044	11459				
			233 20												257 28									186	1234	1409		15		1430 09					
Mch	31	1.10	34 10											24 48	34 10	1751	27/2	1844	27/3					261	523			15		2284	12685		30		
Apl	30		330 00												330 00													15		15	14385		30		
May	31		34 10												34 10	83	30/4							523				15		2023	15772		30		
			3344 40											24 48	3588									4930	1777	1409		120		2016	15772		30		

725610 Pte Adams W. N.

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
			334	40										24 48	358 88									49 30	17 77	14 09		120		201 16	157 72		30		
June	30	1 00/10	33												33	139	2/15							268				15		17 68	173 04		30		
July	31		34	10											34 10	285	2/8							267				15		17 67	189 47		30		
Aug	31		34	10											34 10	202	8/6							5 35				15		20 35	203 22		30		
			43 56	60										24 48	42 58									60 00	17 77	14 09		165		256 86					
Sept	30		33												33	421	30/7							268											
																349	9/7	488	14/8					268	268			15		23 04	213 18		30		
			468	60										24 48	493 08									65 36	20 45	14 09		180		279 90					

Month 1917	Particulars	Dr. 1	Dr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.
Sept 30	Balance	~~213 18~~							213 18		
Oct	P. pay	34 10					15				
				R.4204. 27/10/17	14 60						
		34 10		R.2322. 16/10/17	25				192 68		
					39 60		15				
Nov	P. Pay	33		Q.A.P.			15				
Dec	P.P.	34 10		AR 1125 5th Reln 28/11/17	973						
				Dk. Ch. Sock. 19. 6th Reinf.	974						
					1947						
		67 10		C.A.P.			15		210 31		
1918 Jany	P.P.	34 10			1947		30				
				C.C.P.			15				
				AR 1171 19/12/17 5th Reo.	486 7						
				1152 19/12/17	24 33						
				Dk. 100 74. 21/9/17 Expln							
				AR. 3106. 6th R.	486 7						
				Dk. 46803 13/11/17							
				AR. 1714 "	973						
				Dk. 29521 16/10/17							
				AR. 1522 16th R.	1460						
				Dk. 7061 27/10/17							
		34 10		AR 1619 "	973				73 68		
					15 5 13		15				
Feby	P.P.	30 80		C.A.P.			15				
				AR 1323 26/1/18 5th Reo	24 33						
				AR 1473 14/2/18 " "	24 33						
				Dk. Ar. 1278 13/1/18 " "	5 84				34 98		
		30 80			54 50		15				
Mch	P.P.	34 10		C.A.P.			15				
				10 days Pr for 3 days Rwd.		14 34					
				AWL 9 days Pr 8 to 30 Jan 8/3							
				DD 6/12 Rn 19/2/18							
				AR 1834 15/3/18 12 Rep	24 33				15 45		
		34 10			24 33	14 34	15				

NUMBER 725610 RANK Pte. NAME ADAMS W.N.

MONTH	PARTICULARS	CR. 1.		CR. 2.		PARTICULARS	DR. 1		DR. 2		DR. 3.		DR. 4.		BALANCE		DEFERRED		SEPARATION	
															63	28	8/25 30	80		
Nov/Dec 1919	1. Pay	67	10			AR 564. 13/11/18. P.O.B. 20d Bu Sh	9	33												
						b. a Pay							30							
Jany	1 Pay	34	10			AR 988. 6/12/18 do.	18	66												
						bal (Jany)							15				8/25	80		
		101	20				27	99					45		91	49	30			
Feby	1 Pay	30	80			AR 15799 1/1/19 C.G.D.	9	73												
	Ind on Dep Pay	3	75			6884 28/12 "	4	66												
						Cap Ind							15							
						Cash Ln 17/1/19 No 8572	19	47												
						AR 18034 - 28/1/19 - C.G.D.	4	87												
						on AR 16173 15/1/19 C.G.D.	9	73												
						AR 20969 14/3/19 C.G. Dep	24	33												
						End out Dep														
		34	55				77	79					15		38	25				

W.S 22/2/19 Cancel
20 23 Miles

N: 00
14 39
24 04

9149
34 55
6 36
6 36
6 36

Computed & Revised.

P 820
(2474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1st October 1916		EFFECTIVE DATE:-	
AMOUNT:- 15.00		AMOUNT:-	

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

Mrs Betsy Adams
Seabright Ontario
Mother
Stopped Off 1/3/19

NAME:- ADAMS Walter Norman

NUMBER:- 725610

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109th Bn

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
N Roll	1.4.19		1 Co. R.D.
✓	1/9/18	a	20 Bn

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
15/1/19	1673	Wilby	9 73				
17/1/19		Ldn £4	19 47				
~~[illegible]~~	~~[illegible]~~	~~Wilby~~	~~4 87~~				
				Transd Lon 28/2/19 and Wilby A/			

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

Restricted Pay 8 months from 8/4/18 DO 84 to Rec. 8/4/18

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Balce Forward								15 45	30	
April	P Pay	33		CAP				15	33 45		
		33		~~AR 235 26/4/18 10 Rec.~~	7 30			15			
May	P. Pay	34 10		CAP				15			
		34 10						15	57 55		
June	P Pay	33		C.A.P				15			
				Dr AR 656 23/5/18 12 Rec	7 30						
				✓ 487 14/6/18 ✓	7 30						
				✓ 235 26/4/18 12 Rec	7 30						
				~~AR 885 14/6/18 12 Rec~~	~~7 30~~				~~[illegible]~~	~~[illegible]~~ 30	R Pay
		33			21 90			15	48 65		
July	P. Pay	34 10									
	Chgd in error. Should have been to 681510 Adams. W.N.		21 90	C A Pay				15	~~[illegible]~~ 65	30	
		34 10	21 90					15	89 65	25 80	R. Pay
Aug	P.a	34 10		C A P				15	108 75		
				V. Stoppages 31/3 - 1/7/18 93 days Do. 6/- 19.7.18 20 Rec.		55 80			52 95		
				Dr AR 364 7/8/18 1 C. Cesm.	3 57				49 38		
				✓ 1178 29/8 C C H.Q. Dub	3 57				45 81	25 80	
		34 10			7 14	55 80		15			
Sept	P.a.	33		C A P				15	63 81		
				AR. 434 - 5/9 - 1 CCCS.	3 57						
				" 1436 - 7/9 - CCHQ D.	7 14				53 10		
				" 2246 29/9 "	8 92				44 18	25 80 30	
		33			19 63			15			
Oct.	P. Pay	34 10		C A Pay				15		R 25 80	
		34 10			- -			15	63 28	30	
				Forward							

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper or Particulars of Recruit	Militia Form W. 23
Squadron / Battery / Company Conduct Sheet, or Field Conduct Sheet	" B. 263a / " W. 178		" W. 133
Copies of Convictions, by C. P.	in MS.	Proceedings on Discharge	" B. 218
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

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.

M

This space to be for numbers.

War Service Badge. Class ..... No. 96246

Proceedings on Discharge.

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

No. 725610

Rank Pte.

Surname ADAMS WALTER NORMAN

Christian name .....

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

Corps (Squadron, Battery or Company) 109th Batt. (D.D.#.2)

Date of discharge April 3.1919

Place of discharge TORONTO, ONT

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 21 years ..... months.

Height 5 feet 9½ inches.

Complexion Fair

Eyes Blue

Hair Lt Brown

Trade Farmer

Intended place of residence (To be given as fully as practicable.) Sebright Ont R.R.#.1

Descriptive marks

Vacc. Scar Left Arm.

G.S.W Chin 16.8.17

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

HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.

Authority for discharge D.O.D.D.#.2 Pt 11 No 81

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

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

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

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

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

ES

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

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

6. Medals and Decorations.....

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

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

(Place).....

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

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

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

(Place) TORONTO, ONT. Walter Norman Adams *(Signature of Soldier.)*

(Date) April 3.1919 W. A. Bark *(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) TORONTO, ONT.

(Signature) W. A. Bark

(Date) April 3.1919

O. C. Discharge Section, No. 2 District Depot

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)