



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 879

Name in full William Frederick Adams Age 21
 Address Kennywell Road
 Married Single Height 5'4" Weight 125
 Color Fair Hair Brown Eyes Blue

Other distinguishing marks _____

Nearest relative Charles Adams (Father)

Address 7 Kennywell Road

Dependents _____

Occupation Printer Present Wage \$28.00 per mo.

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment January 14th 1915

I, William Frederick Adams, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

William Frederick Adams.

Declared before me this 16th day
 of January 1915

Ernest [Signature]

879

MEDICAL HISTORY



Surname Adams

Christian Name William H. Adams

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 7th day of Dec 1914	at St John's	on	day of 191
Declared Age.....	20 years	days	years	days
Trade or Occupation.....	Printer			
Height	5 feet	4 inches	feet	inches
Weight	125 lbs.			lbs.
Chest Measurement {	Girth when fully expanded...	31 inches		inches
	Range of expansion..	34 inches		inches
Physical Development.....				
Vaccination Marks {	Arm			
	Number			
When Vaccinated	1905			
Vision	R.E.—V = 6/6		R.E.—V =	
	L.E.—V = 6/24		L.E.—V =	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause Rejection	(b)		(b)	
Approved by (Signature)	Cluny Macpherson			
(Rank)	Capt.			
	Medical Officer.			Medical Officer.
Enlisted	at St John's	at		
	on 14th day of Jan 1915	on	day of	191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	1st Med Regt 879			
Transferred to	NEWFOUNDLAND			
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				



RETURN THESE DOCUMENTS
TO WAR SERVICE RECORDS
DEPT. OF VETERANS AFFAIRS

21-3-51
AS

Table II.—Only for admissions to hospital or to the sick list in the case of Warrant Officers treated in quarters

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 RD LONDON GENERAL HOSPITAL WANDSWORTH.	26	8	16	5	9	16	Abscess of 2 nd tooth.	11	Swelling of route marking following on inflammation of dorsum of tooth. Recovered. Furcospiral. Applied to the parotid gland. Abscess drained.	J. W. C. [Signature] Capt. R.A.M.C. [Signature]
3 RD SCOTTISH GENERAL	16	MAR	1917	2	4	19	⁸¹ Scabies	18	with sulphur ointment. Treatment of sulphur ointment. Antiseptic dressings to sores	R. [Signature] [Signature] CAPTAIN, R.A.M.C. [Signature]
	24	11	17	5	1	18				
									Discovered	H. [Signature] [Signature]
Hazeley Down	24	3	18	26	3	18	Caries of dentine	2	Extraction. Discharged & duty	H. [Signature] Capt. R.A.M.C. [Signature]

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.


Date	Brief Details, and Signature
	<i>P.V.</i>
<i>16.8.18</i>	<i>Vac</i>
<i>12.4.18</i>	<i>Fit for foreign service</i> <i>Reinforced. O.K. of Cap. Rom.</i>
<p><i>It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as <u>F1</u> for Discharge on Demobilisation. Medical category <u>F1</u></i></p> <p><i>17.2.19</i>  <small>Captain</small> Date of T.M.B. <small>Assistant Adjutant</small> <small>Discharge Depot—Newquandahill</small></p>	

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<i>S. S. Johnus Wfca.</i>	<i>Jan 4-15</i>	<i>20 MAR 1915</i>			
<i>T.S. "Stephano"</i>	<i>20 MAR 1915</i>	<i>22 MAR 1915</i>			
<i>T.S. "Orduña"</i>	<i>22 MAR 1915</i>	<i>30 Mar. 15</i>			
<i>Edinburgh Castle</i>	<i>30 Mar. 15</i>				

Casualty Form - Active Service.

3

Regiment or Corps Newfoundland
 Regimental No. 899 Rank Plt Name Adams W.F.
 Enlisted (a) Jan 4/15 Terms of Service (a) 1 Year Service reckons from (a) Jan 4/15
 Date of promotion to present rank _____ Date of appointment to lance rank _____ Numerical position on roll of N.C.Os. _____
 Extended Duono Re-engaged Aug 1/15 Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 86, 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. 86, or other official documents.
Date	From whom received				
		Embarked St. John's, Nfld.		29/3/15	
		Disembarked Alexandria		1/9/15	
		Embarked for Gallipoli		13/9/15	
		Embk'd Port Suez		14/3/16	
		Disembk'd MARSEILLES		22/3/16	
		Unit Attached Div. Reserve L.		18.6.16	B 213, 24.6.16.
		with Battalion	France	4.7.16	8213.
		4 C.C.S. As Access foot	France	27.7.16	6 D 945.
		26 Feb. M. Admitted do	8 Staples	28.7.16	H.A. 1347
		to Newhaven Iwtd England		25.8.16	W 3083

[Handwritten signature]

[Handwritten signature] CAPTAIN,
 FOR Q.I. INFANTRY RECORDS
 G. H. Q.; 3rd ECHELON.

(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.

Casualty Form - Active Service.

Regiment or Corps Newfoundland
 Rank Pvt Surname Adams Christian Name W. Fred
 Religion C of E Age on Enlistment 20 years 25 months
 Enlisted (a) St John's Terms of Service (a) Duration War Service reckons from (a) 4/1/15
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { } Re-engaged { } Qualification (b) _____
 or Corps Trade and Rate _____
 _____ Signature of Officer.

Report		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
Date	From whom received				
			Embarked <u>Hampton</u>	<u>25.4.17</u>	
			Disembarked <u>Rouen</u>	<u>26.4.17</u>	
			Joined Battalion <u>7 JUN 1917</u>		<u>B 213</u>
<u>7.7.17</u>	<u>o.c.</u>	<u>Temp att. 173rd Coy R.E.</u>	<u>Unit</u>	<u>6.7.17</u>	<u>B 213</u>
<u>21.7.17</u>	<u>173rd Coy R.E.</u>	<u>No duty</u>	<u>Unit</u>	<u>20.7.17</u>	<u>B 213</u>
<u>26 NOV 1917</u>	<u>o.c.</u>	<u>WOUNDED IN ACTION</u>	<u>20 NOV 1917</u>		<u>A.F.B. 213</u>
<u>21/1/17</u>	<u>37th</u>	<u>Ad. Comm. France trans</u>	<u>55 CES</u>	<u>21/1/17</u>	<u>BD 3027</u>
<u>10/1/17</u>	<u>10th</u>	<u>o</u>	<u>Rouen</u>	<u>22/1/17</u>	<u>NA 16726</u>
<u>23/1/17</u>	<u>o</u>	<u>Transferred to England</u>		<u>23/1/17</u>	<u>W 3083</u>
					<u>2/5/17</u> <u>MAJOR</u>
			<u>C. 1/c No. 1</u>		<u>Infantry Section</u>
					<u>G.H.Q. 3rd Echelon</u>



Casualty Form—Active Service. C.R.

Regiment or Corps... *Royal Newfoundland*
 Rank... *Pte* Surname... *Adams* Christian Name... *Frederick W.*
 Religion... *Church of England* Age on Enlistment... *20* years ... months
 Enlisted (a) *St. John's* Terms of Service (a) *Duration* Service reckons from (a) *4/1/18*
 Date of promotion to present rank ... Date of appointment to lance rank ...
 Extended Re-engaged Qualification (b)
 or Corps Trade and Rate...
 Occupation... *Printer* Signature of Officer... *J. V. ...*

Report		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.
Date	From whom received				
		Embarked ... <i>22-4-18</i>			
		Disembarked... <i>26-4-18</i>			
		Joined Battalion <i>1-5-18</i>			
	<i>Officer</i>	<i>Officer of Pl</i>	<i>Fries</i>	<i>6/11/18</i>	<i>Bris 7/1/18</i>
		Transferred to U. K. for Re-patriation		<i>19 JAN 1919</i>	<i>Corps 2. 3/5</i>
					<i>Capt Lt Col</i>
					<i>Office of the No 1 Infantry Section</i>
					<i>G. H. Q. 3rd Echelon</i>
		<i>dm</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) Signaller, Shoeing-Smith, &c.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 879 Rank Pvt Name Adams Wm
 Intended place of residence Pennywell Rd St. Johns
 2. Occupation Printer
 Classification of soldier E Medical Category A.I.

3. The above named man is discharged in consequence of DEMOBILIZATION.

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place
 Date FEB 20 1919 Wm Capt
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection. SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.
 Place and date St Johns W. F. Adams.
20-2-19
 Signature of soldier
W. F. Adams Capt
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date St Johns Fred Adams
20-2-19
 Signature of soldier
W. F. Adams Capt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7-12-14 No of days on Military
 Discharged from service 20-2-19 Plus 14 days Service 1551 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place St. Johns R. H. Sait Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date FEB 20 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. Johns, Nfld W. Hawley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment
 Date March 6/1919
W. F. Adams 20/19/1886

58
78
6

58

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121

W. P. Collier & Sons Ltd., Printers, Old Bailey, E.C. 4.
Forms B. 121.
(53) W1257/04 Form 2/15-1 63 56

Number of Sheet 1

Regiment of Newfoundland

Signature of O. C. Company [Signature]
Capt.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay		
No.	<u>879 Adams W F</u>	Age on	20 years 5 months	Printer			
Joined	<u>11 Sept</u> Date <u>19-8-15</u>	Place and Date of Enlistment	<u>St John's</u> <u>4/1/15</u>	Religion			
Joined	<u>Sept 18</u> Date <u>17-9-16</u>	Period of	{ with Colours <u>4 1/2</u> years with Reserve <u>3 1/2</u> years	Place of Birth			
Joined	Date			<u>St John's</u>			
Joined	Date						

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Ayr.</u>	<u>2/1/17</u>	<u>Priv.</u>	<u>1</u>	<u>Drunk on High Street about 9:10 p.m.</u>	<u>Sgt Wines</u> <u>Towlow</u>	<u>Admonished</u>		<u>Lt. Col. Whitaker</u>	<u>J.G.</u>
<u>Reformat School</u>	<u>19.4.17</u>	<u>Pte</u>	<u>2</u>	<u>Drunk on 9 p.m. Parade</u>	<u>Sergeant James</u> <u>Sgt Miller</u>	<u>7 days C.B.</u> <u>Fined 2/6</u>	<u>21.4.17</u>	<u>Lt. Col. Whitaker</u>	<u>F.O.F.</u>
	<u>21.4.17</u>			<u>Absent when a defaulter from 7 p.m. when warned for Guard until found in Barracks 11-10 p.m.</u>	<u>Cpl Cleary</u> <u>Serg. Robinson</u>	<u>96 hours S.P. No. 2</u>	<u>23/4/17</u>	<u>Lt. Col. Whitaker</u>	<u>J.G.</u>
				<u>Demobilized</u>	<u>St John's</u>	<u>6 3/19</u>			

To be carried over

Army Form B. 121.



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. I. C. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Wm Adams.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *879*

Intended address *St John's*

Height on discharge *5 Feet 5"*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father _____

Christian name of Mother *Mary.*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St John's Jan'y 11. 1894*

Nature and locality of civil employment required _____

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Wm. F. Adams.*

(Rank) *Private*

Station *ST. JOHN'S.*

Date *17.2.19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer i/c Hospital.
Unit, or Command Depot.



Station

Date

W. F. Adams.

879.

P. & R. Co.

To the Arld Pay & Record Office

Dear Sir - could you please oblige
me with the sum of (one pound) £1.

which I need to obtain necessaries
while I am in hospital - Yours.

879 - Pte F. Adams

c/o ~~New End~~
~~Hampstead~~

New End
Military Hospital
Hampstead (Hud 38)
London

~~Military~~
~~Hospital~~
London

BRANCH	Pay
ACTIONED UPON	<i>[Signature]</i>
BY	<i>[Signature]</i>
DATE	

Nov 30 - 1917.

1ST N. H. Q. T. AND REG. VERT.	
PAY & RECORD OFFICE	
NO. 13180/1	
DATE	1 DEC 1917
AMOUNT	13180/1
AMOUNT	<i>[Signature]</i>
FILE NO.	

13180/1

744

1844
Newfoundland Pay & Record
office

58 Victoria St.
London

Temp. a/c

NO. 849

RANK

Plt

NAME

F. Adams

CO.

D

ALLOTMENT

55

Date	As. No.	Amount	PAY	Amount
			Credit Balance <u>17/3</u>	191
			Exchange "	191
			<u>PAY ONLY RATE</u>	
			From <u>18/3</u> To <u>5/9</u>	<u>172</u> days <i>8</i>
				<u>94</u> <i>6</i>
				<u>19</u> <i>8</i> <i>9</i> ✓
				<u>40</u> <i>13</i> <i>8</i> ✓
			From _____ To _____	<u>11</u> <i>12</i> <i>0</i>
				<u>29</u> <i>1</i> <i>81</i>
			From _____ To _____	
			From _____ To _____	

Dr. Balance

Hospital

A. B. 64

P. & R. O. Uniform.

1 00 ✓

2 6 ✓

11 120

From 18/3

To 5/9

172 days

From _____

To _____

_____ days

From _____

To _____

_____ days

From _____

To _____

_____ days

arg rolls 1076

Adams

No. 13456/12

NEWFOUNDLAND CONTINGENT

N.F.P./48

11 DEC 1917

Pay & Record Office,
53, Victoria Street,
London, S.W. 1,
7th December 1917.

To: Officer in Charge,

New End Military Hospital,

Hampstead

With reference to request of:

(No) 879 (Rank) Private (Name) F. Adams

Cheque No. 1172 for £2:0:0 is enclosed for payment
to this Soldier as may be deemed fit.

Kindly complete Receipt Form on back of cheque before
presenting at a Bank, please.

*This is to Certify I have received
to sum of £2:0:0*

879. Pte Adams. F.

H. R. Guinness Major,
Paymaster & Officer i/c Records.



No. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT

OK H.C.
£2-0-0
6/12/17

To: Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. (1).

BRANCH
Pay
ACCOMPTON
DATE *9/12/17*

Please remit to *879 Private J. Adams.*

the sum of *Two* pounds — shillings, on
account of any balance that may be due to me.

TEL NO. _____
PAY NO. *(£2-0-0)*
Ref No. *4195*
Date *6 DEC 1917*
Am'd. *J.M.*
Am'd. No. _____

13654¹²

Regtl No. *879* Rank *Private*
Name *F. Adams.*

Approved *W. Williams* R. A. M. C., Registrar.
For O. i/c Officer i/c Hospital.

Dated at *Hampstead*
- 4 DEC 1917 191



Hospital.



24 HUT, 7 DIVISION.

CONVALESCENT HOSPITAL,

WOODCOTE PARK, EPSOM.

H - 1 - 17.

To O. & Records.
N. F. Contjt.
London.

Sir:—

I beg leave to acknowledge receipt of your letter of 29-12-16 in reply to my letter of Enquiry re— Sgt. Chas Reid and Ptes. Jours and Fred Adams, and I now take this opportunity of thanking you for your prompt and courteous reply.

With every good wish

I am Sir
Yours obediently

50524. Jours & Adams. Drvr
1st Can. Divl Train
1st C. E. F.

1 ST NEW ENGLAND REGIMENT
PAY & RECORD OFFICE
Ref. No. 117
Recd. JAN 20 1917
Acc'd.
By

No. 879 Rank Pte Name Adams A

Pay	F.A.	Wkg	Total
100	10		110
Less: Allotment			55
Net Rate			55

N.F.P./33.

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d			
						From	To						
Balance					Balance		8 ⁶ / ₁₁					3 14 6	✓
Acquittance Rolls		12	2	0	Pay @ Net Rate	9 ⁶ / ₁₁	7 ¹ / ₈	213	55	117	15	24 1 5	✓
Hospital Advances		1	0	0	Ration Allow							1 0 0	✓
A.B. 34		11	0	0	10 dys @ 2								
P. & R.O. Payments		2	0	0	28-15-11								
Books		1	15	0	27-17-0								
	27-17-0				<u>18-11</u>								
Cash 5114				17 0									

28-15-11

CHECKED.
E.H.
7/1/18

Statement of Accounts

No. 779 Rank Pt. or Name Adams W. F.

Company, etc. _____

From _____ to April 5th Friday, (dates).

DEBITS				CREDITS			
Date				Date			
	1/2. boots M. 255	1	15 0		Balance 8/6/17.	3	14 6
	P.R.C. payments	2	0 0		pay		
	Hospital - do.	1	0 0		from 7/6/17 - 5/1/18		
	Captain's Rolls.	12	0 0		211 days 55¢ per day.	23	16 11
	Rest 7362	11	0 0		Ration allow		
	Cheque				10 days @ 2/-	1	0 0
	Creditor Balance		18 14 5		Debtor Balance		
	Total £		28 11 5		Total £		28 11 5

CHECKED.
E. h.
 5/1/18.

Certified correct,

Station _____

Date _____

Paymaster.

Adams, *Wm.*

879

Ray Sept

1914-1918

ROYAL NEWFOUNDLAND REGT.

March 6, 1919

#879 Pte. William F Adams,

Penneywell Rd.,

City

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 1086."

Yours truly,

Captain,
paymaster & Officer i/c Records

Enc'l 1.

The Royal Newfoundland Regiment

Class for Demobilization:—

EA

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *17.2.19.*

Regimental No. *849*.....

Name *A. Adams*..... *William Judnick*.....

Address

Present Medical Category..... *A.1.*.....

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~.....

Members of Board {

R. J. Lat.....
O.C. Discharge Depot.

H. Adams.....
Senior Medical Officer

W. Burden.....
M. O. Depot

The Royal Newfoundland Regiment

20

DEMOBILIZATION OF

Reg. No. 879 Rank Private Name Adams W
 Date of Enlistment 2.12.14 Address St Johns District St Johns
 Occupation Mounted Classification for Discharge PI Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	1 N.F. Med.....	D.F. 1.....	
B 178.....	W 3494.....	B 122.....	2 Board 1st.....	" 2.....	
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....	
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....		" 6.....	
B 179c.....	B 120.....	M 93.....			

Date 18.2.19 W. P. Capt
 O.C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Fred Adams

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #65.00
- (b) Clothing Supplied Joseph A Snow

Date 20-2-19 O i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *1096* to his home
 at *St John* and Release Certificate No. *1096* issued
 Date *20-2-19* *CB Dicks Capt*
 Demobilization Officer

Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to *6-3-19*
 Date *20-2-19* *W. H. W. Capt.*
 Depot Paymaster.
 SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for *20 2 19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date *20 2 19* *CB Dicks Capt*
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
 Officer i/c Records.
 Board of Pension Commissioners.
 with following additional documents.

Eligible for War Service Gratuity

Date *FEB 20 1919* *R. H. Sait Capt.*
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To work as Printer

W. Adams

Signature of Man.

C. Dicks Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. 879

Place St John's

Date 20/2/19

191

February 11th 9

Whaley last

- 1. Duff underwear
 - 1. Towel shirt
 - 1. pr socks
 - 1. Boots
 - 1. Kib Bag
- Lc.
The Adams F.
- Lot 879

The Royal Wld. Regiment

DEMOBILIZATION

No. 879 Rank LC
Name Adams F

Warned for demobilization on

FEB 20 1919

July 17, 1919

Mrs. Mary Adams,
Pennywell Rd.,
City

Dear Madam:-

Referring to your application for Separation Allowance, I beg to state that same has been authorized, payable from the date of your husband's death November 6th 1917; and I enclose cheque for Three hundred and Twenty dollars (\$320.00) in payment of same. I return herewith your Marriage Certificate *of James*.
Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

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

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *William F.* 2. Surname *Adams*

3. Rank *LC* 4. Regtl. No. *879*

5. Address in full to which future payments of gratuity are to be forwarded. *Penywell Road*

6. Date of enlistment in the Regiment. *St. John's*
Dec. 6/14

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *No*

8. Relationship of such dependents. *—*

9. Address in full of such dependent. *—*

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

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service. *Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From Dec 6/14 to*

Feb. 20/19 date of temporary discharge

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.....

No

14. 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.....

*Clothing allowance \$60-
Board allowance 197.40*

15. Have you been issued with a War Service Badge?.....

No

16. Have you, during the present war, served in the Imperial Forces.....

No

17. 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

18. 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?.....

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

No
Feb. 20/19
Temporary *Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service,....

*Gallipoli - Sept 19/15 - to Jan 9/16
France, Belgium, Germany, Somme,
Cambrai, Landrecies*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.? (b). If so, are you in receipt of full pay and allowances from that Committee.....

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.

Signature of Applicant: *Wm. F. Adams*
 Place of Residence: *Peauywell Rd. Dykhis*
 Declared before me at: *N. J. Dykhis, N.J.*
 This *4th* day of *March* 19*19*.

John W. McCarthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>6 mo.</i>	<i>426.00</i>
.....
.....

Certified Correct. Paymaster.

SEPARATION ALLOWANCE.

Claimant..... *Adams, Mary (mother, widow)*

On account of *Wm. Fred Adams* No. *879* Rank *Lieut*

Decision..... *Approved*
Payable from November 6/1917

Date..... *June 12/1919*

A. E. Newman *Member of Military*
W. F. Russell *Lieut. Col.*
W. Bowley *Capt*

Instructions.....
.....
.....

X Allotment of 55^4 per day payable to *Mary Ann Adams*
his *mother* from *3/3/15* to *6/3/19*
Discontinued on account of *his being discharged*
A. E. Newman

James married 2/11/15
Certificate presented June 12/1919
[Signature]

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.
(Separation Allowance Branch)

MOTHER.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't, or Unit. Regt. No.
Wm. Fred Adams Lt. 1st R. Nfld 879

2. Age of soldier. ~~Married~~ Single.
24.

3. Name in full of mother. Age. Occupation. Permanent Address.

Mary Adams 68, Housekeeper. Penzance Rd

4. Give name of your husband. Age. Occupation Where Employed.

Charles Adams

5. If your husband is not supporting you state the reason.

Dead

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)

7. If you are a widow, state date and place of death of your husband.

*Nov. 6th 1917
St. Johns*

8. Have you married again since death of above mentioned husband?

No.

9. Names of your other children. Address in full. Age. Occupation Married or Single.

*Margaret Penzance 28 Sailmaker Single
Catherine (Nina) Bay Roberts 32 Married woman
Barbara Penzance 26 Dressmaker Single
James Penzance 27 Fisherman Single
Alice (Mary) Penzance 26 Housewife*

10. State amount earned by (a) Yourself Nothing 2/-
 (b) Your husband. _____
-
11. State amount and source of any other income. _____
-
12. State value of real property belonging to you and your husband. _____
13. State value of personal property belonging to you and your husband. } 1000⁰⁰
-
14. If husband is dead state value of real and personal property left by him. do
-
15. Actual amount contributed by soldier during the year prior to enlistment. \$ 7.00.
-
16. Was this amount contributed weekly or monthly. Weekly.
-
17. Did this amount include payment of son's board, etc. Yes.
-
18. State your son's trade or occupation prior to enlistment. Printer
-
19. State amount of his wages per week. - \$10.
-
20. State name and address of his last employer. Robinson Co. Ltd
Daily News
-
21. State amount of monthly support from son since enlistment. 16.50 - 17.05
-
22. State amount of allotment received by you from son since enlistment. 5 5/8 from April 8th 1915 to July 1919
-
23. State from what date did you receive allotment? April 8th 1915
-
24. Actual amount contributed by other children. Marion & Barbara Weekly 4⁰⁰ Monthly. _____
-
25. Are any of these children in the employ of you or your husband? No

- 26. If not receiving support from other children, state cause. Explain fully. *Married*

- 27. With whom are you residing at present? *With my unmarried children*

- 28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *No Did not know of it*

- 29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No*

- 30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *# 10 monthly pmts*

- 31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *No*

- 32. In what capacity and in what place? _____

- 33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. _____

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant..... *Mary Adams*
 Place of Residence..... *Pennywell Rd.*
 Declared and subscribed before me at..... *St. Johns*
 this... *27th*day of..... *March*191*9*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *[Signature]*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman..... *Geo. Hy. Field*
 Signature of member of the Patriotic Fund Committee, *Horace L. Paterson*

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed) *Federik Adocus*
879
2. Name and age of said soldier's) *with my son*
father or other relative) *Frederik Adocus*
3. Is said ~~father or other relative~~ a chronic) *He is dead*
invalid and totally incapacitated.
4. Of what nature is disability ?) *Pneumonia Cause*
of death
- X 5. From what date has this Total) *He is dead & pr*
incapacity been existent ?
6. How long is total incapacity) *For always*
likely to continue and what will
be the effect on earning power.)
7. If not totally incapacitated by) *100%*
what per cent in your opinion is
capacity for work reduced and
from what date.
8. Are you the regular attending) *yes*
physician ?
9. Relationship to soldier of) *his son*
applicant ?

I certify that the above statements are correct.

W. H. H. Place,

June 11 1911 Date.

W. H. H.
Physician.

C.R. 879

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 879 Name W. F. Adams

Witness. W. Joyce

Date 4/12/19

Place St. Johns

RECEIPT FOR ISSUE OF

RIBAND OF 1914-15 Star.

C.R. 879

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

Name *H. F. Adams*

Date *24/3/1919*

Place *M. Johns*

CIRCULAR LETTER

St. John's,

March 15th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

W. S. Rendell
Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND
of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue, having served on* *Gallipoli Egypt*
from *Sept. 1914* 1915 to *Jan. 1916*

(Date) *March 23rd 1916* (Rank) *L/C.* (Name) *Adams.*

(Place) *St. John's*

*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.

C.R. 879

✧ Extract of DAILY ORDER PART II ROYAL NEWFOUNDLAND
REGIMENT DEPOT ST. JOHN'S. MARCH 8th/19.

The Discharge of the undernoted has been CONFIRMED on
Demobilization by Officer i/c Records on noted date.
6/3/19.

#879 Pte. William Adams.

C.R.

879

Extract from Daily Orders part II,
Depot St. John's dated Feb. 21st. 1919 .

The discharge of the undernoted on
demobilization has been APPROVED
by O. C. Discharge Depot on 220-2-19.

#879 Pte. Wm. Adams.

C.R. 879

Extract from Daily Orders Part II Unit The Royal Wilt. Regt
St. John's, 11-2-19.

The Undernoted Returned from Overseas and Reported to Depot
7-2-19.

Reprinted on A.F. 2179.

879 L/C. Fred. Adams

C.R. 879

Extract from Medical Roll of The Royal N.Z.A. Regt.,

Medical S.E. "Garrison". Jan. 30th, 1919.

879 Adams.

C.R. 879

Extract from Nominal Roll of the Royal NZIA Regt, 2nd.
24-1-19.

The undermentioned was transferred from the
R.N.F. to 2nd, Bn., Winchester 19-1-19 awaiting re-
patriation.

879 L/C. F. Adams.

C.R. 879

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT IN FRANCE DATED 20/11/18.

Appointed L/Cpl.

#879 Pte. F. Adams.

6/11/18.

C.R. 879

Extract from Daily Orders Part 11 Unit The Royal Field.
Regt. By Lt. Col. T.G. Mathies, D.S.O. Commanding 1st Bn
6-11-18.

879 Pte. Adams D. Coyte be L/Cpl.

C.R. 879

Extract of Nominal Roll top B.E.F. embarked South-
Hampton 23-4-18.

#879 Pte. F. Adams.

C.R. 879

Extract of Casualties received from Pay & Record
Office, London, dated January 7, 1918.

O.C. Military Hospital, Hampstead, Reports:-

#879 Pte. W.F. Adams.

Discharged Hospital, and granted furlough from
5/1/18 to 19/1/18. Fit for 11 Command Depot.

C.R. 879

Extrait from Daily Orders, Part II, UNIT: The Royal Wfld. Regt.,
dated 29th. Dec. 1917.

STRENGTH.

879 Pte. W.F. Adams

Invalided to U.K. 3/11/17. Wded.

C.R. 879

Extract of Casualty received from Pay & Record Office,
London, dated December 4, 1917.

#879 Pte. F.W.Adams. ✓

Wounded 20/11/17. ✓

C.R. 879

NO. 879 PTE. WILLIAM F. ADAMS.

EXTRACT OF CASUALTY LIST RECEIVED FROM THE PAY AND RECORD
OFFICE LONDON? DATED NOVEMBER 27th, 1917.

"AT NEW END MILITARY HOSPITAL HAMPSTEAD LONDON GUNSHOT
WOUNDS RIGHT ARM." ✓

November 27, 1917.

Sir.

_____191

Dear

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that _____ No. 879, Private William F. Adams, has been admitted to New End Military Hospital, Hampstead, London, suffering from gunshot wound in the right arm.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. Chas. Adams,
Pennywell Rd.

Colonial Secretary.

C.I.

879

Extract from Casualties received from War Office List
No. C. 1400 dated 4/12/17.

#879 Pte. F. W. Adams.

WOUNDED

20/11/17.

BC.

G.

25th May, 1917.

Dear Madam,

In reply to my enquiry by cable of the 15th instant, the Newfoundland Pay and Record Office, London, to-day reports that No. 879, Private William F. Adams, is at present with the First Battalion.

Yours faithfully,

Colonial Secretary.

Mrs. Chas. Adams,
Pennywell Road.

C.R.

879

Extract from Daily Orders Part 11 Unit The Royal Nfld.,
Regt., St. John's, May 21st, 1917.

Nominal Roll of Draft No. 23 which left Ayr for the B.E.F.
24-4-17, and which left Southampton on the 25-4-17.

879 Pte. W.F. Adams.

TRANSLATION OF MESSAGE SENT TO
SYNOPTICAL?

May 14, 1917.



What is address of, report by telegraph present
condition of 879 Adams, 2928 Boyse, 1329 Redmond, 2260 Maher,
859 Spencer, 286 Walsh, 2401 Kean. What is address of
1349 Cummins, 1146 Brien. Report by telegraph present
condition of 2659 Kean, 2573 Martin, 138 Thompson, 2503 Hussey,
2977 Hodder. Relatives anxious for news of 113 Hickey,
2226 Watts, 2217 Brazil, 1754 Taylor, 2749 Manning. Telegraph
particulars of 1243 Simms, 1685 Murrin, 687 Manning.
Telegraph particulars injuries sustained by 2254 Pye.

Col. Sec.

C.R. 879

Extract from Nominal Roll Draft (All Ranks) to 1st Bn.
BdE.F. Embarked Southampton.

879 Pte. W.F. Adams.

25-4-17.

M

September 4, 1916.

Dear Sir,

On the 1st instanc, I wired the Record Office, London, asking for news of your son, No. 879, Private William F. Adams, and am now in receipt of a reply to the effect that he is improving.

Yours faithfully,

Colonial Secretary.

Mr. Chas. Adams,
Pennywell Rd.

RECEIVED
SEP 11 1916
GENERAL INVESTIGATION
DIVISION

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 879

CORK RECORD OFFICE

No.H.A.1991

10055	L/c.Hernon W.	3/R.Irish Rgt.	D.A.H.....	To Eng.per H/S Jan Breydel ex 13 Gen.H.25 Aug.16
3984	Pte.Harris J.	2/R.Muns.Fus.	GSW.Arm R.Good.....	Adm.13 Gen.Hos.Boulogne 25th August 1916
6664	" Crowley M.	2/ do.	GSW.Arm L.Good	do.
1372	Sgt.Kiersey M.	2/ do.	GSW.Arm L.Good	do.
1101	L/c Pomeroy J.F.	2/Leinster Rgt.	GSW.Head Back Good	do.
6561	Pte.Donovan P.	3/att.1 R.Muns.Fus.	Skin-Disease.....	Adm.26 Gen.Hos.Etapes 26th August 1916
6614	" Jeffers P.	1/R.M.F.5 Pris.of War.	Piles & V.Veins	Slt.Adm.30 Gen.Hos.Calais 25th August 1916

DUBLIN RECORD OFFICE

No.H.A.1991

16891	Pte.Allen C.	1/R.Dub.Fus.	D.A.H.....	To Eng.per H/S Jan Breydel ex 13 Gen.H.25 Aug.16
19729	Pte.Read W.S.	10/R.Irish Rifs.	Influenza Good.....	Adm.13 Gen.Hos.Boulogne 25th August 1916
7861	" Cremin P.	1/R.Dub.Fus.	Old.Frac.Humerus L.Gd.	do.
7	" Gilliband S.	16/R.Irish Rifa.	D.A.H.Good	do.
4397	" Bruce J.	8/R.Irish Rifs.	GSW.Head Arm Legs Gd.	do.
14560	" Harrison H.	8/R.Dub.Fus.	Skin-Disease.....	Adm.26 Gen.Hos.Etapes 26th August 1916
23966	" Dalton J.	2/R.Dub.Fus.	Eczema.....	To Eng.ex 26 Gen.Hos.25th August 1916
5063	" King H.C.	3/R.Irish Rifs.	Shock "S"	do.
27550	" Crossan J.	7/R.Innis.Fus.	Debility	do.
20034	" Hamilton T.	9/Innis.Fus.5 Pris..	Varicose Veins Slt...	Adm.30 Gen.Hos.Calais 25th August 1916

NEWFOUNDLAND CONTINGENT

No.H.A.1991

X 879	Pte.Adams W.F.	1/Newfoundland Bn.	Abscess Foot.....	To Eng.ex 26 Gen.H.25th August 1916
-------	----------------	--------------------	-------------------	-------------------------------------

CAVALRY RECORD OFFICE YORK

No.H.A.1991

352	Sgt.Peach J.R.	4/Hussars "C" Coy.	Varicose Veins R.Leg.	To Eng.ex 30 Gen.H.25th August 1916
-----	----------------	--------------------	-----------------------	-------------------------------------

Slt.



FILE 2776

4

TRANSLATION OF MESSAGE SENT TO SYNOPTICAL ON
Sept. 1, 1916.

Report by telegraph present condition of
1749 Tebin, 879 Adams, 1418 Evans, 361 Stone,
277 Titford, enquire whether in the event of
being granted furlough 277 Titford will be
permitted return home mother seriously ill.

COLONIAL SECRETARY.

August 29, 1916.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 879, Private William Frederick Adams, is at Wandsworth suffering from abscess - foot.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Colonial Secretary.

Mr. Chas. Adams,
Pennywell Rd.

C.R.

879
~~897~~

Extract from Casualties from Third London General Hospital

AUGUST 29th 1916.

Admitted Aug 26/16

#879 Pte. W. F. Adams.

ACCESS RIGHT FOOT.

C.R. 879

Extract of Casualties received from Pay & Record Office,
London, dated August 4, 1916.

#879 Pte. W.F. Adams.

✓
Abscess Foot . Admitted 26 General Hospital, Etaples 28th
July, 1916.

C.R. 879

Extract from Casualties List No. H. 1547

879 Adams W.F.
m

Adm. 26 Gen. Hosp. Staples 28th July '16 Abscess Foot

C.R. 879

Extract from Nominal Roll Co. 1st. En. Mfld. Regt.

Embarked, at Devonport for Active Service 20-8-15.

Disembarked Alexandria, 31-8-15, Proceeded to Abbassia,
Cairo, same date. Embarked ~~for~~ Alexandria for Gallipoli
13-9-15.

879 Pte. W.F. Adams.

C.R. 879

Extract from Nominal Roll of Draft enlisted for Overseas
per S.S. Stephens March 30th, 1915

#879 Pte. W.F. Adams.

C.R. 879.

William Fredrick Adams was attested for General Service
with the NEWFOUNDLAND REGIMENT on ...Jan..4th, 1915.
Regimental No. 879 was allotted to Pte W.F. Adams.

AUTHORITY: ...

Record Ledger ...

Dept. of Militia; 1919.

March 25th. 1919.

... attested for General Service
... was attested for General Service
with the ...

D. 879
Demobilization Form 1

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 879 Rank Plt Name Adams W.
 Date of Enlistment 7.12.14 Address St Johns District St Johns
 Occupation Printer Classification for Discharge P Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	2	Board 1st	" 2	
B 178a	D 400A	B 1915		do 2nd	" 3	CA
B 178	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			"	
B 179c	B 120	M 93				

Date 18.2.19 W. Kelly Capt
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Fred Adams

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable.....
- (b) Clothing Supplied.....

Joseph A Snowling

Date 20-2-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 7ul to his home at St John and Release Certificate No. 1096 issued.

Date 20-2-19

Edwards
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 6-3-19

Date 20-2-19

W. W. Capt.
Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 20.2.19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1	201m B
F 178	W 3494	B 122	2	Board 1st	" 2	1	
B 178a	D 400A	B 1915		do 2nd	" 3	2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K		do 4th	" 5		
B 179b	B 103	ME 2			" 6		
B 179c	B 120	M 93					

Date 20.2.19

Edwards Capt.
Demobilization Officer.

APPROVED. W.

Documents as above forwarded to:—

Officer i/c Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

FEB 20 1919

Date

R.H. Sait Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date 20/2/19

W. W. Capt.
Edwards