

Major  
SIN/NAS

ADAIR  
Surname/Nom

Hamilton John  
Given names/Prénoms

**CANADIAN FORCES  
FORCES CANADIENNES**

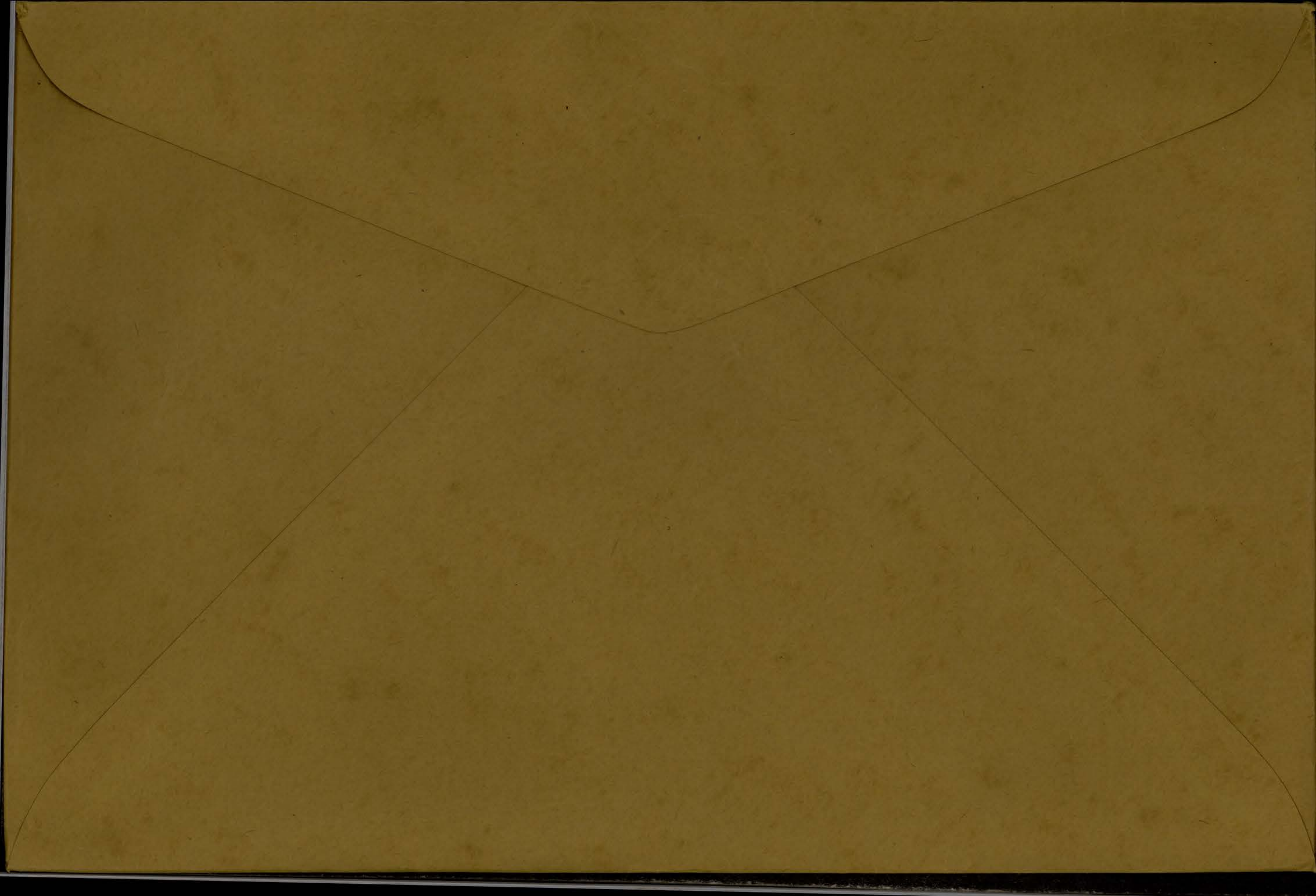
**PERSONNEL RECORDS ENVELOPE  
ENVELOPPE DES DOSSIERS DU PERSONNEL**

"CONTENTS CONFIDENTIAL"  
"CONTENU CONFIDENTIEL"

AD-1-18

**COMPONENT  
ÉLÉMENT**

CEF



Surname	Christian Name
ADAIR	H. J.
Rank	Unit
Hom.Mjr.& Qmr.	C.A.M.C. 3 CGH.

Casualty List	
	No. 8 Red Cross, Boulogne 22-11-18
27-11-18/1149-2.	"Influenza" <sup>rw</sup>
6-12-18/1157-2.	Disch.to Duty:-1-12-18.
13-12-18/1163.	No.14 Gen.Hosp.Wimereux 12-12-18 "Uremia" (Dang.ill 12-12-18)
14-12-18/1164	<u>DIED:-13-12-18.</u> <i>at</i>



A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London

Surname	Christian Name	Serial No.
Rank	Unit	
Medical Board held at	Date	Condition found by Board

Remarks.

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

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

# Casualty Form—Active Service.

CERTIFIED CORRE  
20 OCT 17  
CARDIAN RECORD OFFICE



Unit, Regiment or Corps. *P. A. M. C.*

Regimental No. *None*

Rank *Major*

Name *Hamilton John Adair*

C. E. F.

Enlisted (a) *29 8 17*

Terms of Service (a) *2 of W*

Service reckons from (a) *29 8 17*

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) *Soldier*

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
			<i>Embarked</i>	<i>Halifax</i>	<i>19-17</i>
			<i>Disembarked</i>	<i>Liverpool</i>	<i>15-9-17</i>
<i>17-9-17</i>	<i>C.A.M.C. D</i>	<i>TAKEN ON STRENGTH</i>	<i>Westenhanger</i>	<i>1-9-17</i>	<i>Pl 260</i>
<i>25-9-17</i>	<i>do</i>	<i>On command to No. 8 B. S. H. Hastings for Temp. duty.</i>	<i>do</i>	<i>24-9-17</i>	<i>Pl 265</i>
<i>5-10-17</i>		<i>On "Command" to Ramahott.</i>			<i>A Mackay</i>
<i>20-10-17</i>	<i>Same as above</i>	<i>Returned from No. 13. B. S. H. Hastings</i>	<i>Shouseliffe</i>	<i>15-10-17</i>	<i>Pl 292</i>
<i>18-10-17</i>	<i>do</i>	<i>On Command to B. S. H. Epsom.</i>	<i>do</i>	<i>17-10-17</i>	<i>Pl 291 (L. 7. 546-32)</i>

(a) In the case of a man who has re-engaged for, (b) e.g. Signaller, Shoing Smith, etc., etc., also sp

D. Army Reserve, particulars of such re-engagement or enlistment will be entered. al Corps duties.

*Sheet 2.*

**Casualty Form - Active Service.**

Rank *GM 4* Regiment or Corps *b.a.m.b*  
 Rank *Non Major* Surname *Adair* Christian Name *Hamilton John*  
 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		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 ...			
		Disembarked ..			
<i>20.4.18</i>	<i>9 Gen Staff HQ</i>	<i>Reported to 11<sup>th</sup> F Gen Staff</i>		<i>18.4.18</i>	<i>B213 for KM/12104/1</i> <i>P/20430/18</i>
		<i>Auth: D Gms B/1509/158 d/7/4/18</i>			
<i>20.4.18</i>	<i>3 G. S. H.</i>	<i>Reported from G.C.S.H.</i>		<i>19.4.18</i>	<i>B213</i> <i>KM 12104/1</i>
		<i>Auth: 2 Gms B/1509/158 d/7.4.18</i>			
<i>22.11.18.</i>	<i>F. Red. Cross.</i>	<i>Diphtheria</i>		<i>22.11.18.</i>	<i>P. 22/1918</i> <i>No. 2899/n. 7169.</i>
<i>1.12.18</i>		<i>"</i>	<i>Duty.</i>	<i>1.12.18</i>	<i>W307449632</i>
<i>7.12.18.</i>	<i>3. C. S. H.</i>	<i>Rejoined unit</i>		<i>1.12.18.</i>	<i>B213</i>
<i>13.12.18</i>	<i>14 Gen Hq.</i>	<i>Died of illness. (uraemia)</i>		<i>13/12/18</i>	<i>Tel No 66.9</i> <i>KAT 22399.</i> <i>P. 84 d/14/12/18</i>
		<i>H. Christie</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.  
 W. 8635-M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.



Surname **ADAIR,**

Christian Names **Hamilton John.**

Rank **Hon. Major & Q.M.**

Name and Address of Next-of-Kin

Promotion

**Mrs, Emily Adair, Wife.**

**61. Blackburn Avenue,**

Unit **Permanent A.M.C.Dft. to C.A.M.C.T.D. Ottawa, Ontario, Canada.**

Place of birth **Quebec, P.Q.**

Married (Yes or No) **Yes.**

Appointments

Date of leaving Canada **6-9-17 NR.**

Date and Cause of Resignation

Report

Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case

Place

Date

REMARKS  
Taken from Official Documents

Date

From whom received

Date	From whom received	Report	Place	Date	REMARKS
30-10-17	AMS.	S.O.S. arr from Canada & posted CAMC Depot		1-9-17	Co 1413.
30-10-17	N <sup>o</sup> .	att to No 13. Can. Gen. Hp. Hastings from 24-9-17 to		2-10-17	Co. 1417.
30-10-17	N <sup>o</sup> .	att to No 7. Can. San. Sec from 2-10-17 to.		15-10-17	Co. 1417
30-10-17	N <sup>o</sup> .	att to Can. Conv. Hp. Epsom. for temp duty from.		17-10-17	Co. 1417.
28-11-17	N <sup>o</sup> .	Leaves to be att Can. Conv. Hp. Epsom.		27-11-17	Co. 1535.
28-11-17	N <sup>o</sup> .	Posted to No. 9. Can. Stat Hp.		27-11-17	Co. 1534.
27-12-17	N <sup>o</sup> .	Proceeded of Seas for Service (9. Stat Hp)		5-12-17	Co. 1677.
30-4-18	9. Stat Hp.	S.O.S. & Estab. Reposted to No. 3. Can. Gen. Hp.		18-4-18	P. n Ord. 20.
30-4-18	3. Gen. Hp.	S.O.S. Reposted from No. 9. Can. Stat Hp.		19-4-18	P. n Ord. 22.
27-11-18	AMS.	Adm 8 Red Cross Hosp. Boulogne		22-11-18	CL. 1149 Influenza
		Discharged to duty		1-12-18	CL. 1157
13-12-18	N <sup>o</sup> .	14 General Hosp. "Dangerously ill"		12-12-18	CL. 1162 Uræmia
14-12-18	AMS.	Died. 14. Gen. Hp. Wimereux.		13-12-18	CL. 1164

9652

A. T. B. 104-93 + 2904.  
Order 20-12-18



*DEAD*





Unit V P.M.C. Rank Major Name H. J. Adair

OFFICERS' DECLARATION PAPER Original

CANADIAN OVER-SEAS EXPEDITIONARY FORCE



QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Adair
- (b) What are your Christian Names? Hamilton John
2. (a) Where were you born? (State place and country) Quebec, P.A.
- (b) What is your present address? 61 Blackburn Avenue Ottawa, Ont.
3. What is the date of your birth? 22<sup>nd</sup> November 1873
4. What is (a) the name of your next-of-kin? Mrs Emily Adair
- (b) the address of your next-of-kin? 61 Blackburn Avenue Ottawa, Ont.
- (c) the relationship of your next-of-kin? Wife
5. What is your profession or occupation? Soldier
6. What is your religion? R.C.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? P.A.M.C.
9. State particulars of any former Military Service. " " " "
10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

H. J. Adair (Signature of Officer)

Taken on strength (place) Ottawa Ont.

(date) 29<sup>th</sup> August 1917

[Signature] (Signature of Commanding Officer.)

D. C. No. 70 Det. P. A. M. C.

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him\* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date August 24<sup>th</sup> 1917

Place Ottawa

[Signature] Medical Officer.

\*Insert here "fit" or "unfit"

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE



QUESTIONS TO BE ANSWERED BY OFFICERS

1. (a) What is your surname?
- (b) What are your Christian names?
2. What was your date of birth?
3. What is your present address?
4. What is (a) the name of your nearest relative (b) the address of your nearest relative (c) the relationship of your nearest relative?
5. What is your profession or occupation?
6. What is your religion?
7. Are you willing to be recruited or engaged as a soldier?
8. To what Unit of the Active Militia do you belong?
9. Give particulars of any former military service.
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

The undersigned hereby declares that the answers given above are true and correct to the best of his knowledge and belief.

Signature of Officer: \_\_\_\_\_  
 Rank: \_\_\_\_\_  
 Name: \_\_\_\_\_

EXHIBIT ON MEDICAL EXAMINATION

This document is to be filled in by the Medical Officer of the Canadian Overseas Expeditionary Force.

As the Canadian Overseas Expeditionary Force

Name: \_\_\_\_\_  
 Rank: \_\_\_\_\_  
 Date: \_\_\_\_\_

MEDICAL HISTORY SHEET.

Surname *Adair* Christian Name *Hamilton John*

Examined { on *24* day of *August* 191*7*  
at *Ottawa*

Approved by *W. M. ... Capt*  
*Chief Law Officer*  
Rank *1st Lt* M.O.

Birthplace { City or Town *Quebec*  
County *P. Q.*

Apparent age *43*

Trade or occupation *Soldier*

Height *5* Feet *7 1/2* Inches

Weight *135* Lbs.

Chest measurement { Minimum *33* inches

{ Maximum expansion *36 1/2* inches

Physical development *Good*

Small-Pox Marks *none*

Vaccination Marks { Arm Right Left *4*  
Number *4*

When Vaccinated last *1913*

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

*Functional Syphilis human apex*

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<i>11-9-14</i>	<i>Good</i>	<i>G. E. Elliott Capt</i> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>Sept. 6-1914</i>	<i>44</i>	<i>E. Elliott Capt</i> M.O.
<i>19/9/17</i>		<i>J. B. Thomson Capt</i> M.O.
		M.O.

Enlisted on *29* day of *August* 191*7* at *Ottawa. Ont.*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>P.A.M.C.</i>	<i>—</i>	<i>Good</i>	<i>29-8-17</i>
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective ; the date and cause being stated on next page.

*J. Mc*



# FORM OF WILL.

I, Hamilton John Adair (Name in full)  
Regimental Number \_\_\_\_\_ serving in C. A. M. C.

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

I bequeath all my real estate unto

Mrs Emily Adair  
61 Blackburn Av.  
Ottawa, Ont. } Name and Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

Mrs Emily Adair  
61 Blackburn Av.  
Ottawa, Ont. } Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

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

this 29<sup>th</sup> day of August A. D. 1917

H. J. Adair Major C.M.C.  
Signature of Soldier.

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

ESTATES BRANCH

ESTATES BRANCH

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

**THE TWO  
WITNESSES  
MUST  
SIGN HERE**

Signature of First Witness John Lounsbrough  
Address of Witness 8 Central Avenue, Ottawa,  
Occupation of Witness Soldier, P. A. M. C.  
Signature of Second Witness Geo. B. Acheson  
Address of Witness 136 Bunnell St. Ottawa  
Occupation of Witness Insurance Agent.

FORM OF WILL

I, John D. Smith, of the County of Albany, State of New York, do hereby certify that I am of sound mind and memory, and I hereby declare that this is my last will and testament.

I give, devise and bequeath all the real and personal estate which I own at the time of my death unto My dear wife, Mrs. Mary D. Smith, to have and to enjoy the same unto her lawful issue, in fee simple.

And I give, devise and bequeath unto My dear son, John D. Smith, all the real and personal estate which I own at the time of my death, unto him, his heirs and assigns forever.

I hereby declare that I have no other will, and that this is my last will and testament.

Witness my hand and seal this 10th day of August, 1910.

John D. Smith  
Testator

Mary D. Smith  
Witness

IMPORTANT  
NOTE  
This will must be  
read and signed by  
THE TESTATOR  
PERSONALLY

THE TWO  
WITNESSES  
MUST  
SEE THIS

AT THE  
TEST



Duplicate

To be made out in duplicate.

H.Q. 54-21-23-53

### PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

#### INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... *P.A.M.C.*

(2) Regimental Number..... *Major*

(3) Full Name of Soldier..... *Hamilton John Adair*

(4) Place of Birth..... *Quebec P.Q.*

(5) Are you married, ~~or not~~?..... *Yes*

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

(b) Present Postal Address..... *61 Blackburn Avenue  
Ottawa. Ont.*

(7) Are you a widower?..... *No*

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

If so, give number of ~~boys~~ and girls..... *Four*

Also their names and ages.....

<i>Bernie Bertha</i>	<i>21 years</i>
<i>Doris Ernae</i>	<i>18 years</i>
<i>Edith Libeen</i>	<i>15 years</i>
<i>Marjorie</i>	<i>14 years</i>







(9) Is your Father alive? *no*

If so, state name and address

(10) Is your Mother alive? *yes*

If so, state name and address *Mrs E. Adair*

*C/o 61 Blackburn Avenue, Ottawa, Ont.*

(11) If your Mother is a widow

Are you her sole support, or ~~not~~? *no*

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

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

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

15) Are you insured? *Yes*

If so, in what Company? *J. O. O. Y.*

Have you made arrangements for payment of your Insurance premium? *yes*

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

Date *29-8-17*

*[Signature]*  
Officer Commanding

O.C., No. 10 Det. P. A. M. C.



✓  
ADAIR,

✓  
Hamilton John,

✓  
Hon. Major & Q.M.

✓  
3 CAMC

*Not Elig. for 1914-15 Star.*

MEDALS &  
DECORATIONS

Mrs. Emily Adair (Widow) ✓  
61 Blackburn Ave., Ottawa, Ont.

*M*

PLAQUE &  
SCROLL

Widow, as above.

*Serial No 781566*

CROSS OF  
SACRIFICE

Mrs. Emily Adair (Widow)  
61 Blackburn Ave., Ottawa, Ont.  
ALSO Mrs. Jas. Adair (Mother) ✓  
c/o Mrs. Emily Adair,  
61 Blackburn Ave., Ottawa, Ont.

FEB 17 1921

Scroll Desp.

Reqn. No. 2.20669

NOV 5

Reqn. No.

Reqn. No. P 15036

1921

W C 3503

slap 25 <sup>3</sup>/<sub>10</sub>

M C 3494

4

Character on discharge

Date and place of enlistment

Date of Medical Boards

Remarks

DESP. JAN 24 1923  
REAN NO. 22975

Pt 2 Order No.

name first.

(over)



177-68-1243  
1901-0

Number

Rank

*Hon. Major*

Surname

*A D AIR*

Christian Name

*Hamilton John*

Units

Theatre of War

*France*

Date of Service

*5-13-17*

Remarks

*(W) Mrs. Emily Adair*

Latest Address

*61 Blackburn Ave.,  
Ottawa, Ont.*

Roll No.

*6A 746*

200m. -6-21

*Page 18613*

Sailed from Halifax <sup>per</sup> "S.S. Megantic" 5/9/17.

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Soldier.

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Ottawa, Ont.

DATE

Aug. 24<sup>th</sup> - 1917.

Present Address - 61 Blackburn Ave. Ottawa, Ont.

W/D <sup>13</sup>/<sub>12</sub>/<sub>18</sub>  
SURNAME.

*Adair.*

COPIED Archives COPIED  
CARD NO. ✓  
FOLL.

CHRISTIAN NAMES

*Hamilton John.*

REGL. No.

RANK *Q. M. & Hon Major*

UNIT

*P. A. M. C. (M. L. 4. 1st R. L.).*

FORMER CORPS

*P. A. M. C.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Adair, Mrs. Emily.*

RELATIONSHIP TO SOLDIER

*Wife.*

ADDRESS

*61 Blackburn Ave.  
Ottawa, Ont.*

COUNTRY OF BIRTH

*Canada. Quebec,*

*P. Q. DATE Nov. 22<sup>nd</sup> 1873.*

PLACE OF ATTESTATION

*Ottawa, Ont.*

*DATE Aug. 29<sup>th</sup> 1917.*

*105-9-17*

NAME

Adair, Hamilton John

REGT. NO.

RANK AND UNIT

Hon. Maj. Adj. Str. Master,

CAMB. 3 Can Gen F. Boulogne

NEXT OF KIN

Mrs. Emily Adair (wife) 61 Blackburn Ave,  
Ottawa Ont

CABLE

NATURE OF CASUALTY

No.

DATE

<sup>1-2</sup> O.P. 2207	14-12-18	Dang. ill 14 Gen. F. Wimmerus
H.L. 1163	13-12-18	Rec. 12 <sup>th</sup> / 18. <del>Uremia</del> ✓
<sup>1-2</sup> O.P. 2210	16-12-18	Rept. Died Dec. 13 <sup>th</sup> / 18. Uremia.
H.L. 1164	14-12-18	

51641-19-12-18 Eng. Gen Jones C.M.G. - A 19715 - L. 142



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

1149-2

#8 R.C. Boulogne

22-11-18

Influenza

1157

Disc to Duty

1-12-18

"

Name

ADAIR

Rank

Hon Major QM

Reg. No.

Unit

Hamilton

John

AFB 104-93

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
22-11	8th Red Cross Hosp	Boulogne	HA5859 Influenza	1149	/	
1-12	Back to duty (Sta 6077)			1157	/	
12-12	14 Gen Hos Wimeroux <u>Dangerously Ill</u>	(Tel 322)	Haemina	1163	U 2207	
13-12	Now sept (St 00)					
	<u>Died</u>		811	1164	U 2210	16/12



Register No. DA 422

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 85-H-7

Regt'l No. .... Name Hamilton John Adair  
(Christian Name) (Surname)  
Unit C.A.M.C. Rank Private Date of enlistment .....  
Date of casualty 13-12-18 B.P.C. File No. 56872  
Was service performed overseas? Yes

DEPENDENT

Name Mrs. Emily Adair Relationship widow  
Address 61 Blackburn Ave  
Ottawa  
Ontario

Amount of Special Pension Bonus \$ 168 Abstracted by D. Parlow

Eligible for Gratuity ..... \$ 300-

Less amount of Special Pension Bonus paid ..... \$ 168

Less Debit Balance of S. A. or A.P. .... \$ .....

Total deductions \$ 168

Balance due \$ 132-

Cheque No. 431064 Date issued .....  
Clerk W. Metcalfe

REMARKS : Not eligible under PC 1486  
No SA paid

Audited by  
[Signature]  
Date 25/1/22

"Noted" by 17

17/8/20



Bank 45/4

132.00

M.F.W. 2652  
25M-6-20.  
H.Q. 1772-39-1473

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$

per diem; Field Allowance \$

per diem. Separation Allowance \$

per month.

L.L. 53961—M. & D. 9721

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

M. F. W. 127  
 300M-1-19  
 1772-39-1140

Remarks:

**ASSIGNED PAY,**  
MILITIA AND DEFENCE

M. F. W. 11.  
15m.—6-17.  
H. Q. 1772-39-818.

**SEPARATION ALLOWANCE.**

Name *Mrs H. J. Adair*  
Address *61 Blackburn Ave  
Ottawa Ont*

Name of Soldier *Adair H. J.*

Regtl. No.

Rank *Capt + Hon Major*

Corps *P. A. M. C.*

Relation to Soldier

wife, child or mother

*\$ 181.00 sept 7/17*

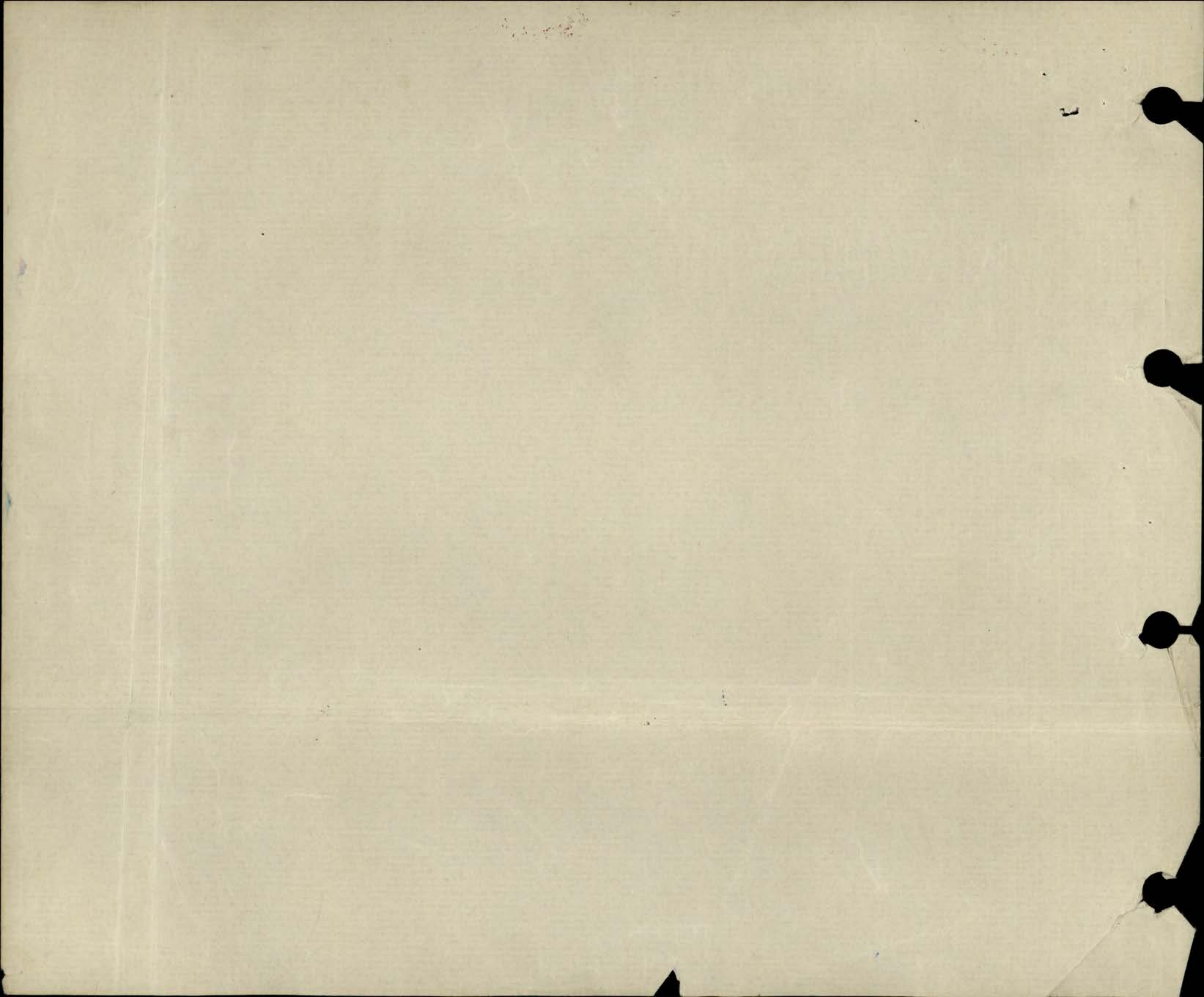
To what Corps belonging

when called out

**PAYMENTS**

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





wife

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
OVERSEAS CONTINGENTS

M. F. W. 12a.  
18m.-4-17.  
1772-39-819.

Sheet No. 2 Mrs H J Adair  
(Assignee)

Name of Soldier Adair H J  
P.A.M.C  
Capt Hon Major

**PAYMENTS.**

L. L. Job 1927-M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
				# 181.00 Sept 1/17
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.		F 39485	181	Q. 181
Oct.		U 43141	181	mailed 31/10/1917
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

mcc

Oct 19

mailed 31/10/1917



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.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A

275

Sept 1/17

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

#181			
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## PARTICULARS OF SEPARATION ALLOWANCE

No. \_\_\_\_\_  
 Rank *Capt + Hon* Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_  
 Soldier's Name *H. J. Adair*  
 Battalion *P. A. M.C.*  
 Beneficiary \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

## PARTICULARS OF ASSIGNMENT

Name *Mrs. H. J. Adair (wife)*  
 Address *61 Blackburn Ave.*  
 Change of Address *Ottawa, Ont.*  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

Date	Cheque No.	Amount S/A	Amount A/P	Total	
<i>Sept '17</i>					
<i>Sept '30</i>			<i>181</i> ✓	<i>181</i> ✓	
<i>Oct</i>	<i>W 43141</i>		<i>181</i> ✓	<i>181</i> ✓	
<i>Nov</i>	<i>B 51971</i>		<i>181</i> ✓	<i>181</i> ✓	
<i>Dec</i>	<i>B 57565</i>		<i>181</i>	<i>181</i>	<i>S</i>
<i>Jan '18</i>	<i>B 64016</i>		<i>181</i>	<i>181</i>	<i>C S</i>
<i>Feb</i>	<i>B 90357</i>		<i>181</i>	<i>181</i>	
<i>Mar</i>	<i>G 97479</i>		<i>181</i>	<i>181</i> ✓	
<i>Apr</i>	<i>G 7256</i>		<i>181</i>	<i>181</i>	<i>C</i>
<i>May</i>	<i>F 10180</i>		<i>181</i>	<i>181</i>	<i>C</i>
<i>June</i>	<i>B 13131</i>		<i>181</i>	<i>181</i>	<i>C</i>
<i>July</i>	<i>F 26076</i>		<i>181</i>	<i>181</i>	✓ <i>C</i>
<i>AUG</i>	<i>F 28543</i>		<i>181</i>	<i>181</i>	<i>C</i>
<i>SEP</i>	<i>F 35132</i>		<i>181</i>	<i>181</i>	<i>C</i>
<i>OCT</i>	<i>F 41760</i>		<i>181</i>	<i>181</i>	<i>C</i>
<i>NOV</i>	<i>F 49866</i>		<i>181</i>	<i>181</i>	<i>C</i>
<i>DEC</i>	<i>B 62324</i>		<i>181</i>	<i>181</i>	<i>C</i>
<i>JAN</i>			<i>2896</i>	<i>2896</i>	<i>C</i>

REMARKS

*85-4-7*

*Rev. reported dangerously ill  
 now died 13<sup>th</sup> Dec '18 auth. C.L.  
 (397) 19-12-18. 4. closed 31-12-18.  
 M.R.O. 53692. H.L. 23-12-18.*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

## OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128.  
 400M. 17-1773 39-1141  
 L. L. 22220-M. & D. 7993.

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

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

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

CERTIFIED CORRECT  
20 SEP 17  
CANADIAN ARMY OFFICE



Unit, Regiment or Corps *P. 13 C*

Regimental No. *None* Rank *Major* Name *Hamilton John Adair*

C. E. F.

Enlisted (a) ~~29-8-17~~ Terms of Service (a) *D of W* Service reckons from (a) ~~29-8-17~~

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) *Soldier*

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
			<i>Embarked</i>	<i>Halifax</i>	<i>1-9-17</i>
			<i>Disembarked</i>	<i>Liverpool</i>	<i>15-9-17</i>
<i>17-9-17</i>	<i>O.A.M.C. D</i>	<i>TAKEN ON STRENGTH</i>	<i>Westborough</i>	<i>1-9-17</i>	<i>Pl. 20.260</i>
<i>25-9-17</i>	<i>do</i>	<i>On command to No. 8 C.S.H. Hastings for Temp. duty.</i>	<i>do</i>	<i>24-9-17</i>	<i>Pl. 20.268</i>
<i>5-10-17</i>		<i>On "Command" to Ramothott.</i>			<i>A Mackay</i>
<i>20-10-17</i>	<i>Camp Dpt</i>	<i>Returned from No. 13. C.S.H. Hastings</i>	<i>Shorncliffe</i>	<i>15-10-17</i>	<i>Pl. 292.</i>
<i>18-10-17</i>	<i>do</i>	<i>On Command to C.S.H. Epsom.</i>	<i>do</i>	<i>17-10-17</i>	<i>Pl. 20.291 (L. 546-22)</i> <i>John Mackay</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [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				
24-10-17.	Came Depot.	attached from Came Depot. Effect 17-10-17.	Cest. Epsom Storncliffe	17-10-17.	P II O 294 / 24-10-17. (auth ADMS RO 247 (2636) 22-10-17)
27-11-17.	Cest. Epsom.	Ceases to be attached on posting to No 9. Can Genl Hospital.	Bramshott	27-11-17.	P II O 331 / 27-11-17. (auth ADMS. WIRE. L.A. 281. / 26-11-17)
					<u>A. G. O'Neill</u> CAPT. ADJT. CONVALESCENT HOSPITAL, EPSOM
29-11-17.	No 9 Sta. H	Taken on strength No. 9 Sta. Hospital C. E. F. on posting from Came. Depot.	Bramshott.	10-12-17	P II WO. 279. Lt Col a/c. No. 9 Sta. Hospital C. E. F.
		Proceeded for service overseas.		12-17	P II WO. 279. H. E. Kendall Lt Col a/c. No. 9 Sta. Hospital C. E. F.
16-12-17	9th S. H. Sp.	Arrived in France with 9th S. H. Sp.		5-12-17	P II WO. 16/34499

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount.

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

MEMO DATE

AUTHORITY

*C. A. M. C.*

*Major*

*16<sup>9</sup>/<sub>17</sub>*

*B.P.M. Sciffe  
d/14-9-17*

Name *Adair*  
Initials *Hamilton, John*  
Bank *of Montreal*

*ban.*

*\$ 181*

*fr. 1-9-17*

DATE PARTICULARS CK. NO. CR. DR. ASSIGNED PAY PAID IN CANADA BALANCE SPECIAL AUTHORITIES To be initialed by P.M. in every case. INITIALS

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917								
Sept 28	Pay @ \$1865 <sup>00</sup> p.a. P.F.A. @ \$162 <sup>00</sup> p.a. fld. all. ce @ \$1.00 p.d. from 1 <sup>9</sup> / <sub>17</sub> . Messing from 16 <sup>9</sup> / <sub>17</sub> V15771	22023	263 91	82 91		Cr 181 00		
29	<i>cutfi Allee</i>	5703					<i>20-10-11 100<sup>00</sup></i>	
Oct 12	A.P. Canada. (2 Months)				362			
13	Pay Oct. (R)		280 91					
24	Bank	26277		99 91		—		
Nov. 7	Overpaid Extra Duty Pay 1 <sup>9</sup> / <sub>17</sub> to 31 <sup>10</sup> / <sub>17</sub> @ \$1 <sup>00</sup> p.d. No 134 <i>ban.</i>			61		Dr 61 00	<i>Hold as overdraft until further instructions</i>	
Nov 14	A.P. Canada Pay Nov. (R)		276 91		181		<i>Recover \$31.00 Nov. 30<sup>00</sup> Dec</i>	
22	Bank	30662		66 91		Dr 30 00	<i>File 9 A. 640</i>	
Dec 7	A.P. Canada Pay Dec (R)		280 91		181			
13	Bank	35096		69 91		—		
1918								
Jan 2	<i>Trav. Allee in Canada 30<sup>8</sup>/<sub>17</sub> - 1<sup>9</sup>/<sub>17</sub></i>	11306					<i>3-5-11 \$16.05</i>	
Jan 9	A.P. Canada Pay Dec (R)		280 91		181			
16	Bank	39425		99 91		—		
Feb 11	Adj <sup>n</sup> Ration All <sup>n</sup> p. 25 <sup>00</sup> to 50 <sup>00</sup> p. 1 <sup>9</sup> / <sub>17</sub> - 31 <sup>10</sup> / <sub>17</sub> . (Ration Allee) To receive \$71 <sup>00</sup> p.m. future Voz 1559		22 74					
11	Bank	40229		22 74		—		
14	a. P. Can.				181			
16	Feb Pay (R)		282 49					
21	Bank	40593		101 49		—		
23	<i>Unall<sup>n</sup> 3<sup>10</sup>/<sub>17</sub> - 10<sup>10</sup>/<sub>17</sub></i>	12679					<i>4-13-16 \$22<sup>25</sup></i>	
26	<i>Ratrans 6-17<sup>10</sup>/<sub>17</sub></i>	1080Y					<i>14/8</i>	

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

Miss

DATE

AUTHORITY

Beneficiary

*CAMB*

*Major*

*16<sup>9</sup>/<sub>17</sub>*

*6PM 1<sup>st</sup> diff  
21<sup>17</sup>-9-17*

Name *Adair*

Initials *Hamilton John*

Bank *of Montreal*

Address

Amount. *\$181.<sup>07</sup> less*

Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
<i>Mar 8</i>	<i>Overpaid E.D.P. at diff'ce between #186500 p.a. and #1500 p.a. for period 1<sup>11</sup>/<sub>17</sub> to 28<sup>18</sup>/<sub>17</sub>. Not to receive E.D.P. for period 1-9-17 to 28-2-18 (already debited for period 1-9-17-31<sup>10</sup>/<sub>17</sub>). Obs. letter from A.C.M.B. on file PL 9-A-640 Vol. 205 <i>See P. 2</i></i>			<i>121 64</i>			<i>Recover \$62.<sup>00</sup> March " 58.<sup>00</sup> April <i>over 6/18</i></i>	
<i>11</i>	<i>U. Canada</i>				<i>181</i>			
<i>20</i>	<i>March Pay (R)</i>		<i>258 08</i>					
<i>21</i>	<i>Two All. 24<sup>9</sup>/<sub>17</sub> - 17<sup>10</sup>/<sub>17</sub></i>	<i>16407</i>					<i>4.1. \$192</i>	
<i>26</i>	<i>Bank</i>	<i>42637</i>		<i>1508</i>		<i>Dr 59.64</i>		

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount.

Separation Allowance issued. Yes or No.....

6amc  
#3 ban Gen. Hosp

MA

Major

Mess  
DATE

AUTHORITY

16<sup>9</sup>/<sub>17</sub>

CPM Schiffe  
17/9/17

P.M. ✓

Name Adair  
Initials Hamilton John  
Bank OF MONTREAL  
WATERLOO PLACE

ADDTL OUTFIT ALLCE 1-9-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
April 1 <sup>st</sup>	Brought forward.			59 64		59 64	Recover April	
16	April Pay (R)		256 08					
18	A.P. Canada				181			
26	Bank	1173		15 44		0		
May 13	at ban.							
20	Pay May R		250 50					
30	Bank	2767		61 92		7 58		
June 10	Overpaid P.F.A April 1918 No 602. <i>be P.E</i>			7 58		0		
13	at Canada				181			
14	adjustment of P.F.A from #63 p.m to #71.08 p.m from 1 <sup>st</sup> 18 to 31 <sup>st</sup> 18 V.2340		15 16					
	Bank	3462		15 16				
18	Pay June (R.)		256 08					
25	Bank	11144		75 08		0		
July 13	at Canada				181			
15	Pay July (R)		258 08					
25	Bank	5568		77 08		0		
Aug 9	A.P. Canada				181			
20	Pay August (R)		258 08					
24	Bank	7121		77 08		0		
Sept 13	at Canada				181			
18	Pay Sept (R)		256 08					
26	Bank	9127		75 08		0		
Oct 15	at Canada				181			
18	Pay Oct (R)		258 08					
22	Bank	10363		77 08		0		



ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary  
Address

NAME OF UNIT DATE AUTHORITY

DATE AUTHORITY

Amount. \$181 Canada  
Separation Allowance issued. Yes or No.....

*Died 13<sup>12</sup>/18 b.L. 1164 d/14<sup>12</sup>/18*

*Major*

*16<sup>9</sup>/17 b.P.m. Sciliffe  
12/9/17*

Name *Adair*  
Initials *Hamilton John*  
Bank *of Montreal  
Waterloo Place*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918					<b>ADDTL OUTFIT ALICE 19-18</b>			
Oct 29	Adtl Outfit Alice 1 <sup>9</sup> /18 Bank	16930	100	100				
Nov 15	at Canada				181			
21	Nov. Pay (P)		256 08					
	Bank	12160		75 08				
Dec 2	Pay Dec (P)		258 08					
12	A. P. Can.				181			
	Bank	13730		77 08				
1919	C. I. E. List 26 Jan'y		39 06					
Jan 23								
July 16	Cur Bal trans to Ctt list 148 July 1859	16859		39 06				

*Pa to cease  
Lifer to N. E. Ledger  
39 06 transferred from 1 to 12.  
Statement a/c rendered 17<sup>6</sup>/19  
Cur Bal 339 06  
Dist form to Ady Bch 26<sup>6</sup>/19*