

ATTESTATION PAPER.

No. 724169

CANADIAN OVER-SEAS ~~EXPEDITIONARY FORCE~~ **TRIPPLICATE**

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Lillie*
- 1a. What are your Christian names?..... *Frank*
- 1b. What is your present address?..... *Fergus Ontario*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Fergus Ontario*
- 3. What is the name of your next-of-kin?..... *Joseph Lillie*
- 4. What is the address of your next-of-kin?..... *Fergus Ontario*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *December 1893*
- 6. What is your Trade or Calling?..... *Printer*
- 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, *Frank Lillie*, 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.

*Frank Lillie* (Signature of Recruit)

Date *MAR 25 1916* 191 *AW Aseltine Lillie* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Frank Lillie*, 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.

*Frank Lillie* (Signature of Recruit)

Date *MAR 25 1916* 191 *AW Aseltine Lillie* (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 *Lindsay* this *MAR 25 1916* day of ..... 191

*[Signature]* (Signature of Justice)

Description of Frank Lillie on Enlistment.

Apparent Age.....22 years .....3 months.

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

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

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

Height.....5 ft. 9 ins.

Chest measurement { Girth when fully expanded.....39 1/2 ins.  
Range of expansion.....4 1/2 ins.

Complexion.....Dark

Eyes.....Lt Brown

Hair.....Dr Brown

*small mole on right side of neck and one on right shoulder*

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....MAR 25 1916.....191

Place.....Lindsay

J. McCulloch Capt.....  
Medical Officer  
109th Overseas Medical Officer, C. E. F.

\*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.

.....Frank Lillie.....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.

MAR 25 1916

Date.....191

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

REGIMENTAL DOCUMENTS

NAME *LILLIE FRANK.*

REGT. NO. *724169* UNIT *CFC.*

H. Q. FILE NO.

*S*

*I*

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

*M*

*H*

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

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)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*Misc*

*card*

*MFW 67*

*A.F.W. 3172*

*misc*

*copy of [unclear]*

*Pay bond*

DEATH

Category

DISCHARGE

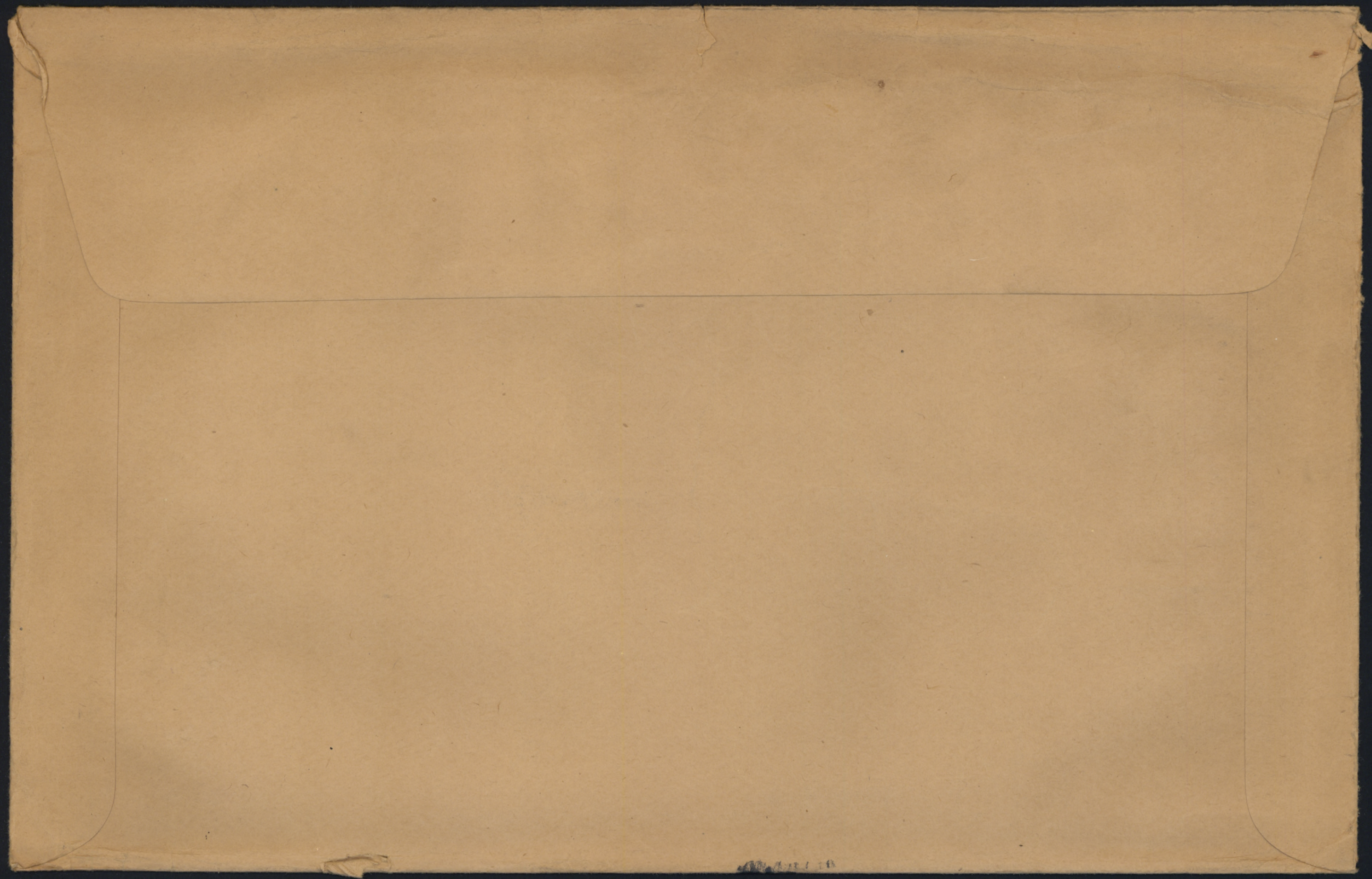
Category

*Demob.*

*26195*

DESERTION

*Ret 7-2-20*



Number 724169 Rank Pte

Surname LILLIE

Christian Name Frank

Unit 20th Canadian Inf Theatre of War France

Date of Service 29-11-16

Remarks

Latest Address ~~Gen. Post Office~~

~~Fergus Ont~~

Roll No. B Page 5242 27 Carleton St Toronto Ont

Gv 61051 Dup

OCT 15 1921

No. 724169 RANK

Pte

NAME

Lillie E.

T. O. S. 25-3-16.

UNIT

D.O. 113.31-3-16

109th Battalion

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar 25	1916. Mar 31	✓		
	April	✓		
	May	✓		
	June	✓		
	July	✓		

UNIT SAILED  
JUL 23 1916





SURNAME.

Lillie

92 CARD NO.

CHRISTIAN NAMES

Frank

So. S Dis 29-6-19  
FOLL

REGL. NO.

724169.

RANK

Pte

2018302-7-19  
Demanded 2009  
Balt

UNIT

109th

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Lillie, Joseph.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Fergus, Ont

COUNTRY OF BIRTH

Canada, Fergus Ont.

DATE

Dec. 1893

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Mar 25th 1916

Sailed from Halifax Per "Olympic."

S.S.

R/C. 28/6/19 33 Pte

L. L. 94504. M. & D. 6512

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

489  
23-7-16 21

MARRIED

SINGLE

*Yes*

WIDOWER

TRADE OR CALLING

*Printer*

RELIGION

*Presbyterian*

DESCRIPTION.

APPARENT AGE

*22*

YEARS

*3*

MONTHS

HEIGHT

*5*

FEET

*9*

INCHES

CHEST MEASUREMENT

*39 1/2*

INCHES

EXPANSION

*4 1/2*

INCHES

COMPLEXION

*Dark*

EYES

*St Brown*

HAIR

*Dark Brown*

DISTINGUISHING MARKS

*Small mole on right side of neck +  
one on right shoulder*

MEDICAL EXAMINATION.

PLACE

*Simdsay, Ont.*

DATE

*Mar 25th 1916*

*101 H.F. 16*

NAME

Lillie Frank

REG'TL No.

724169

H. Q. FILE NO. 649.

RANK AND CORPS

Pte 20th Bn. form 109

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

C

M. 5770  
17-3

24-7-17

Adm. to # 7 Gen. Hosp. St. Omer  
July 16th 1917 (wounded severely leg, eye)

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a561	7 Gen. S.F. Omer	16-7-17.	g.s. w both Legs & L. Eye sev
B419	Royal Herbert Warwick	15-8-17	Gsw. both Legs & eyes
B7-2	20 mil. Conv. Epsom	7-9-17	Gsw. legs & L. Eye sev. <sup>1st</sup> cont.
B61-3	Discharged	2-11-17.	Gsw. Both legs & l. eye. <sup>2nd</sup> 11-12-17

Frank

Name **LILLIE** Rank **Pte.** Reg. No. **724169**

Unit **20th. Battalion**

Next of Kin **CANADA**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
		& Lt. Eye. Sev.				
16-7	No. 7. Gen. Hosp. St. Omer	GSW. both Legs	A561	MS170	24-7	
15-8	Royal Herbert H. Woolwich	do	B419			
7-9	Mil. Cons. Hosp. Epsom	<del>do</del>	B7		1410	
2	Discharged	do	B61		1336	
					Sgt.	



Surname **LILLIE** Christian Name or Names **F.** Reg. No. **724169**  
Rank **Pte.** Unit **20th Battn. C.O.** Co. Troop Batty.

Hospital **7th Gen. Hosp. St. Omer** Date of Admission **16-7-17.**

Transferred *Royal Herbert Woodwich* Hosp. *15-8-17*

*Wil Hosp. Epsom* Hosp. *7-9-17*

Hosp.

Hosp.

Diagnosis **GSW Both Legs & L. Eye severe.**

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnosis: if more than one state present

DISPOSITION

*dis 2.11.17* Date

**C.L. 24-7-17. A561.**

REMARKS

*- 27-8-17 B419*  
*11-9-17 B7(2)*  
*13-11-17 B61(3)*

A.M.D. 2 Dept.

Gen. of D.G.M.S. O.M.F.S. London

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



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

"W.S.B. Class A"

*Handwritten initials*

M. F. W. 54  
160M. 10  
H.Q. 1772-39 520.

# Casualty Form—Active Service.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 24169 Rank Pte Name Lillie Frank

Enlisted (a) 25.3.16 Terms of Service (a) D of W Service reckons from (a) 25.3.16

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) Printer

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				

War Service Badge  
Class "A" No. ....

Embarked Canada Halifax 24.7.16  
Disembarked England Liverpool 31.7.16

Proceeded overseas for service with 20th Btm.

W. A. Seltine Capt.  
ADJUTANT  
109th Overseas Battalion, C. E. F.

Witley ~~Transf(d to 20th Bn, Overseas 28-11-16; D.O. 333-28-11-16.~~

W. A. Seltine CAPTAIN,  
ADJUTANT,  
109TH BATTALION CAN. INFANTRY.

CERTIFIED CORRECT.  
14 DEC 1916  
CAN. RECORDS, LONDON

29/11/16	CB Depot	Arrived taken on strength	20 Bn Havre	29/11/16	NR Pt. 2.0.75	11/12/16
do	do	Left for Unit	Field	1/12/16	NR	
8/12/16	20 Bn	Joined Unit	do	4/12/16	B213	
16-4-17.	4 genl.	Adm: W do both legs & L eye adm 7 genl		16-4-17	M 3034.	(W. 5437)
	58 CCS	adm & thigh			A36.	(307)
		admt thigh			A36	(310)
21-4-17.	HCFB		58 CCS			
13-8-17.	4 genl	Inv (hold) & posted to 1st Cent One Coy		13/2/17	M 3083	3714
		Dept, through			M 22	57 d 26/1/17.

(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 trades.

Canadian Section G.H.Q 3rd Echelon B.E.F. P.T.O.

# 724169 Lillie Frank

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 <sup>st</sup> C.O.R.D.	T.O.S. from 20 <sup>th</sup> Bn.	W Sandling	13-8-17	WES P7 II O 174 for Colonel i/c Records Maturin BPH RJC
30-11-17	1 <sup>st</sup> C.O.R.D.	lett to Can. Postal Corps	W. Sandling	29-11-17	Pt II D.O. No 266. A.H. Clavel Lieut. & Asst. Adj. for O. C. 1st C. O. R. D.
30-11-17	D/O P.S. O.M.F.C.	att from 1 <sup>st</sup> C.O.R.D Henry Regenis Pauls	London	29-11-17	Pt II C.P.C. 284.
11-1-18.	D/O P.S. O.M.F.C.	on com to C.P.C. Hessels Shoncliffe	London	11-1-18	Pt II C.P.C 2
25-1-18	D/O P.S. O.M.F.C.	cess to be att on return to 1 <sup>st</sup> C.O.R.D	London	25-1-18	Pt II C.P.C 4 Jack W. Pin Lieut. for O. C. P.S. O.M.F.C.
26.1.18	1 <sup>st</sup> C.O.R.D	att to Depot Coy	Sandling	26.1.18	Pt II D.O 20.
6-2-18	1 <sup>st</sup> C.O.R.D.	S.O.S. on transfer to Forestry Corps	West Sandling	6-2-18	Pt II D.O. No 37 A.H. Clavel Lieut. & Asst. Adj.
7-2-18		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale		6-2-18	Pt. II D.O. 33
15-2-18	O.C. C.F.C	S. O.S. BASE DEPOT C.F.C. on posting to Dist. 54, Coy 134.	SUNNINGDALE	15-2-18	Pt. II. DO. NO. 40 A.H. Clavel Capt. for P.C.F.C.

3

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

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

500M.—9-16

H. Q. 1772-39

# Casualty Form—Active Service.

Unit, Regiment or Corps. ....

Regimental No. 724169 Rank pte Name Lillie Frank  
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } roll of N. C. Os. }

Extended..... Re-engaged..... Qualification (b).....

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				
JUN 18 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO	1919	PART II D.	183
JUN 29 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D.			183

*L. C. Roberts*

Lt. Col.  
For O. C. No. 2 District Depot

(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.



Ward G.U.N. R Hubert Hospital. No. of Bed 12. Date 14. 8. 17

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
724169	Lillie J. Plé.	20 Canadians	EYE, L. & THIGHS.

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

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

30.9.17.  
S.W. Involving Eye  
? M.F.

No. of Plate  
High AP 4365 } 15x7.5  
Left Lat 4366 }  
L AP 4367 } 15x7.5  
R Lat 4368 }  
Head Lat 4369 } 10x8  
Sp 4370 }  
Pa 4371 } 12x10

Both thighs for  
M. F. J. Simpson Capt R.A.M.C.

1 middle of  
eye lid

Nothing abnormal  
seen.

Signature of M.O. C. O. Russell  
Date Aug 14/17

Signature of Radiographer  
Date

O/C X RAY DEPT  
R. H. H. WOOLWICH

100 f. W 2.0

**ORIGINAL**  
**MEDICAL HISTORY SHEET.**

Surname Lillie Christian Name Frank

Examined { on 25 day of March 1916  
 at Lindsay  
 Birthplace { City or Town Fergus  
 County Ontario

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

Apparent age 22 years  
 Trade or occupation Printer  
 Height 5 Feet 9 Inches.  
 Weight 153 Lbs.  
 Chest measurement { Minimum 35 inches.  
 Maximum expansion 39 1/2 inches.  
 Physical development Good  
 Small-Pox Marks None

EXAMINED FOR RE-ENGAGEMENT. 22 AUG 1917

Vaccination Marks { Arm Right None Left Three  
 Number Three

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
<u>Feb 7/18 Bii</u>	<u>L.H.R. O'Leary</u>	M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

When Vaccinated last March 30<sup>th</sup> 1916  
 (a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	VACCINATIONS.
<u>30-3-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

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

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>19-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2-5-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>4/10/18</u>	<u>"</u>	<u>John K. McLeod Capt</u>

Enlisted on 25 day of March 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Bn. C.E.F.</u>	<u>724169.</u>		<u>25-3-16</u>
Transferred to	<u>20th. B<sup>n</sup></u>			

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

STATION.	DATE.	DISEASE.	RESULT.
<u>Epsom</u>	<u>Oct 2/17</u>	<u>S. W. left eye</u>	<u>C II</u>
<u>Sturminster Newton</u>	<u>May 6/19</u>	<u>Left Vision Bii</u>	<u>St. H. B. ...</u>

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.

**CANADIAN**

Surname *Lille* Christian Name *Frank*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Roy. Herbert Hospital Woolwich.		14	8	17	6	9	17	Glaucoma left eye	24	Iridectomy in L.E. (20.7.17)	<i>J. Harrington Capt</i>
<i>A. C. H. Epsom</i>		6	9	17				<i>do</i>	<del>27</del> 58	Scar on left pupil - Eye Report:- Does not need Hospital treatment - She will not be fit for overseas The condition of left-eye is caused by cervice - it will improve slightly" Patient is in fair condition except for eye - Banded C II	<i>W. Sulway Capt</i>

~~8 OCT 1917~~  
2 NOV 1917



CONVALESCENT HOSPITAL, WOODCOTE PARK, EPSOM.

DIVISION. A. HUT. 5. DATE. 10 SEP 1917.....1917.

Cases for report and examination by (Ophthalmic Surgeon at Horton) (Oral) Answers by (Ophthalmic Surgeon) (Oral) "

Regt'l No. 724169.

Rank Pte.

Name & Initial Lillie F. (24)

Corps 20th Batta

Complains of:- Defective vision.

G. L. Lang  
Captain, C.A.M.C.,  
M.O. 1/c Division

QUESTIONS

ANSWERS

(1) Does he need Hospital Treatment? (1) No

(2) Will he be fit for Overseas (2) No  
(a) With glasses? (a) is below  
(b) With Treatment? (b) is below  
(c) Is any prescription for glasses given? (c) is below

(3) Is the condition an old one or caused by Service? (3) caused Service

(4) If an old condition, is it aggravated by Service? (4) ✓

(5) Prognosis. (5) L will improve slightly

REMARKS.

round left eye 10/9 Normal but eye improves  
opacity of cornea Hot acidic 3 de

11/9  
R 6/6  
L 6/6  
L. Hadwin

14/9 J. H. Marshall  
M.O. examining case.

CANADIAN DIVISION,  
CONVALESCENCE HOSPITAL,  
WOODCOTE PARK, EPSOM, SURREY.

DIVISION.....HUT.....

.....1916.

CASES FOR EXAMINATION AND REPORT BY:-

- ( OPTHALMIC SURGEON.
- ( AURAL SURGEON.

AT COUNTY OF LONDON WAR HOSPITAL. HORTON. EPSOM.

Reg.No.....Rank and Name.....

Complains of.....

.....  
Captain C.A.H.C.

QUESTIONS.

(1). Does he need Hospital treatment.

(2). Will he be fit for Overseas?

(a) With glasses.

(b) With treatment.

(c) Is any prescription given for glasses.

ANSWERS BY

- ( Ophthalmic Surgeon.
- ( Aural Surgeon.

(1).

(a)

(b)

(c)

REMARKS.

.....  
Signature of H.C. examining case.

# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) LILLIE, F.  
REGIMENT C.F.C. RANK Pte No. 724169

Date of Examination in England 2/5/19 Date of Examination in France \_\_\_\_\_



### 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.

### PRESENT DENTAL REQUIREMENTS

1. FILLINGS *Nil*

2. EXTRACTIONS *Nil*

3. CROWNS *Nil*

4. DENTURES

(a) Full Upper *Nil*

(b) Part Upper *Nil*

(c) Full Lower *Nil*

(d) Part Lower *Nil*

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.)

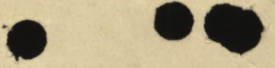
(a) In Canada *No*

(b) In England *No*

(c) In France *No*

Signature of Dental Officer

*R. Cameron*  
*Capt*



CT BRITISH  
- 237 -  
OF THE  
PAGE  
VICTOR  
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237

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. File

Ottawa, Ont.

Attention of

Date MAR 25 1966

NAME **LILLIE, Frank**

SERVICE **724169 WW1**  
NUMBER

C.P.C. No. **140899**  
W.V.A. No.

NAVY  
ARMY ~~XXX~~  
R.C.A.F.

The DEPARTMENT has received information from

Hutchinson and Thompson, Barristers & Solicitors, P.O.Box 400, Milton, Ont. letter  
d/Feb. 25, 1966  
(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death February 4, 1966  
Cause of Death \_\_\_\_\_  
Place of Death Milton, Ontario.

Name and Address of next of kin (if known) \_\_\_\_\_  
\_\_\_\_\_

Copies to: W.S.R.  
V. I.  
~~PAY~~  
~~DO~~  
H.O.

} Destroy form if advice of death already received.

*C. O. Richards*  
for  
Chief, Central Registry

Form 104-10, 1-15-55

OPTIONAL FORM NO. 104-10  
MAY 1962 EDITION  
GSA GEN. REG. NO. 27

NAME: MILLIE, Frank  
ADDRESS: 10000  
CITY: WASHINGTON, D.C.  
STATE: DISTRICT OF COLUMBIA  
ZIP: 20540

The information was received from the following source:

Mr. and Mrs. Thompson, Washington, D.C. (Source)  
Date: 1-15-55

Reasons are as follows:

Date of Death: January 1, 1955  
Cause of Death: ...  
Place of Death: ...

Name and Address of next of kin (if known):

Copy to: W.S.B.  
V.I.  
J.H.P.  
J.C.P.  
H.C.

Issued for the purpose of death already recorded.

MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
 50m.-4-16.  
 1772-39-819.

Sheet No. 2.

*Mrs Joseph Lillie*

OVERSEAS CONTINGENTS

Name of Soldier

*Lillie F.*

L. L. Job 310.-Req. 6574

PAYMENTS.

*mother.*

*\$ 724169 - Pto - 109 Bn.*  
*15- AUG 1 1916 "A Coy"*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>J 15691</i>	<i>15</i>	
Sept.		<i>H 17831</i>	<i>15</i>	
Oct.		<i>G 22122</i>	<i>15</i>	
Nov.		<i>U 25536</i>	<i>15</i>	
Dec.		<i>\$ 30825</i>	<i>15</i>	
Jan.	<i>Ch 1917</i>	<i>E 39683</i>	<i>15</i>	
Feb.		<i>E 46132</i>	<i>15</i>	
March		<i>W 48859</i>	<i>15</i>	<i>15 P.</i>
April		<i>U 3040</i>	<i>15</i>	<i>15 B.</i>
May		<i>U 9293</i>	<i>15</i>	
June		<i>R 11573</i>	<i>15</i>	<i>D</i>
July		<i>U 22784</i>	<i>15</i>	<i>Bn</i>
Aug.		<i>2 3069</i>	<i>15</i>	
Sept.		<i>Y 37427</i>	<i>15</i>	<i>D</i>
Oct.		<i>J 43391</i>	<i>15</i>	
Nov.		<i>Y 49538</i>	<i>15</i>	
Dec.		<i>P 57431</i>	<i>15</i>	<i>25's. Sum</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*any*

*15 P.*

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.				



MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom *Mrs Joseph Lillie*  
 Address *Fergus Ont.*

By Whom Assigned *Lillie F.*  
 Regtl. No. *724169*  
 Rank *Pte*  
 Corps *109 Bn A Coy*

Rate *\$15. AUG 1 1916*

## 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				



1122

1122

1122

1122

1122

1122





\* Strike out whichever inapplicable.

ASSIGNED PAY. EFFECTIVE DATE:- 1-8-16 AMOUNT:- 15 <sup>00</sup>	ENGLAND OR CANADA. 632	SEPARATION ALLOWANCE. EFFECTIVE DATE:- AMOUNT:-	ENGLAND OR CANADA.
NAME:- LILLIE Frank		NUMBER:- 424169	
PARTICULARS OF RANK OR APPOINTMENT			
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 Joseph Lillie (Mother) Toronto Ont Can Stop 1/6/19	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT Etc.
UNIT AND TRANSFERS			
ORIGINAL UNIT:- 109th Battr.			
DATE ACCOUNT FIRST OPENED:- 1-8-16			
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
8/5/19	2597	Ch.	34 07
DAILY RATES OF PAY AND ALLOWANCES			
AUTHORITY	PAY	F.A.	P.F.A.
	1	10	

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged Canada 5/15/19 86 Lt. S. B. 22 1/5/19 S. D. Dale

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
March	Bulford								46 80		✓
April	Pay	33 00		Pay				15	47 44		
		33 ..		Rate 134 Co C 16/4/18	17 03			15			
May	P.P.	34 10		Cap				15	42 54		
		34 10		AP. S 227 54 CFC 23/5	24 33			15			
June	P.P.	33		Cap				15	36 21		
		33		AP. S 375 54 Dis 14/6	24 33			15			
July	P.P.	34 10		Cap				15	38 28		
		34 10		AP. S 564 54 Dist 13-7-18	17 03			15			
Aug	P.P.	34 10		Cap				15			
		34 10		AP. S 828 54 Dist 17-8-18	17 03			15			
				" 886 " 21-8-18	9 73			15			
				19-8-18. And 7 days P.B. for when on A.S.A.W.L. from 11-30-18 to 6-7-19. 19-8-18. 1 day pay by 19-8-18. 20-37-29-3-18. 54 Dist				15	29 52		
Sept		33		Cap				15			
		33		AP. S 1395- 134 Co C 18 18 1/2	17 03			15	30 49		
Oct		34 10		Cap				15			
		34 10		AP. S 134 Co C 19 19 1/2	17 03			15	32 56		
Nov		33		Cap				15			
		33		AP. S 134 Co C 20 20 1/2	29 20			15			
								15			



WSB Class A 24270

M.D.2



SERVICE GROUP 25  
OCCUPATIONAL GROUP 23

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

Toronto  
Mother  
Printer

BII

1. No. 724169		Pres	
2. Rank. Private			
3. Name. <del>LILLIE</del> LILLIE Frank			
4. Unit. CAC		109 Batta	
5. Date of Discharge	JUN 29 1919	Place	TORONTO, ONT.
6. Reason for Discharge Demob			
7. Authority.		No. 2, D.D., Part II, D.O. No. 183-	
8. Proposed Residence after Discharge		Fergus Ontario	
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.?  F. Lillie Signature of Soldier.			
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. No. 2 DISTRICT DEPOT Place. H.M.T. SATURNIA Date. JUN 29 1919 EMB. GLENGOW 13 6-19 TORONTO DISEMB. MONTREAL 28 6-19 For Signature. [Signature] (O. C. Discharging Unit.)			

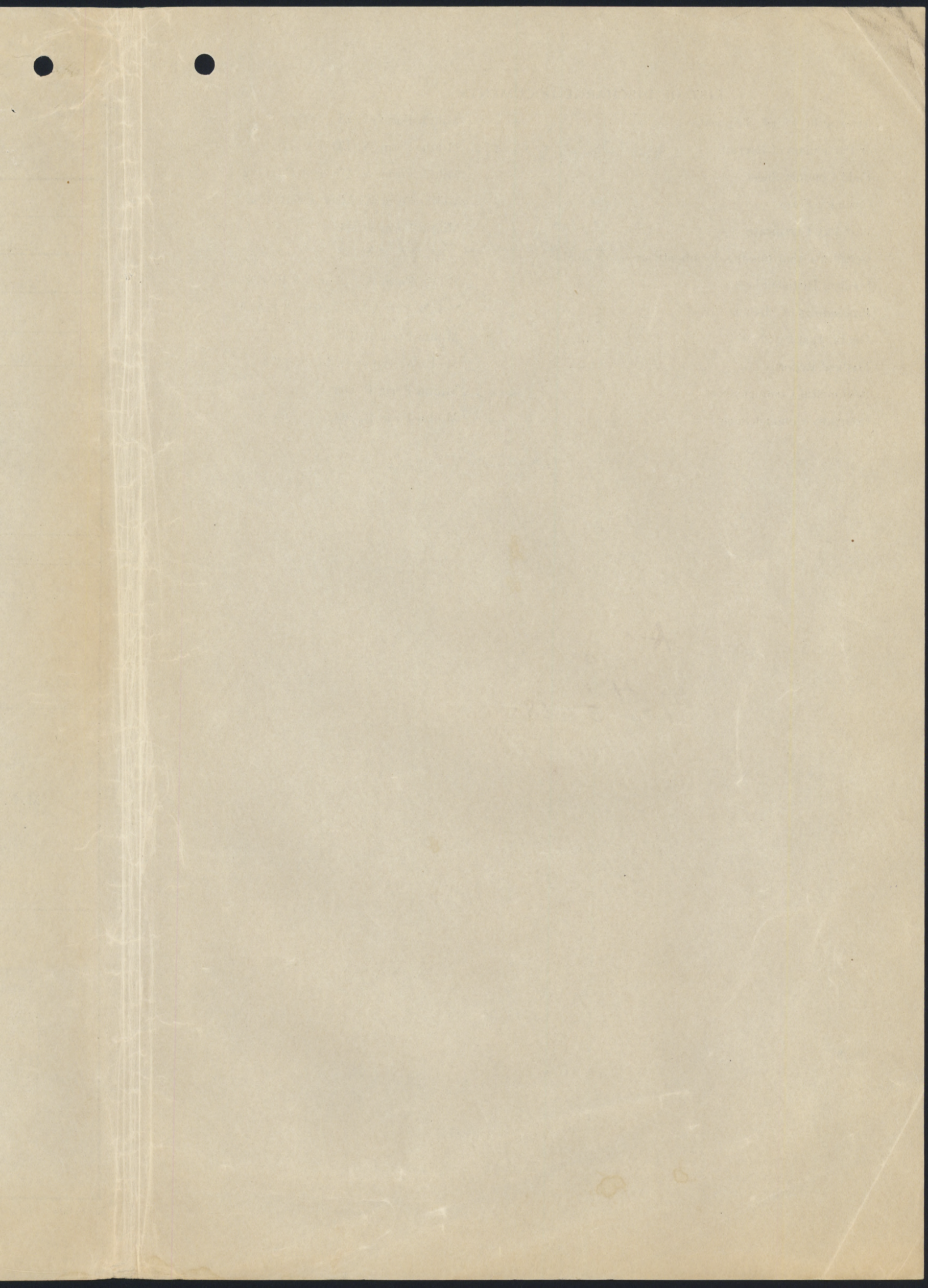
96-258-54

For  
O.C. No. 2 District Depot.

KBA  
7-2-110  
2







LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... Militia Form W. 23  
or Particulars of Recruit..... Militia Form W. 133  
Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122  
Casualty Form..... Militia Form W. 54 or A.F.B. 103  
Last Pay Certificate..... Militia Form W. 44  
Certificate that missing documents are unobtainable.....  
Medical History Sheet..... Militia Form B. 313 or A.F.B. 178  
Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45  
Dental History Sheet..... Militia Form B. 465  
Medical Report..... M. F. W. 129 or D. M. S. 1375  
Regimental Conduct Sheet..... Militia Form B. 263  
Company Conduct Sheet..... Militia Form B. 263a

Group..... A.  
Checked by No..... 29.  
..... H.H.  
Date..... 27-5-19.  
17/6/19

ARRESTED  
MAY 27 1919  
MILITARY  
MILITARY

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 SUNNINGDALE DATE May 1/19

1. 1 (a) Unit Co. F. C. (b) Regimental No. 724169 (c) Rank.....  
 (d) Surname LILLIE (e) Christian name FRANK  
 (f) Home address S. P. O. FERGUS. ONT. CANADA.  
 (g) Next of Kin Mrs G LILLIE (h) Relationship MOTHER  
 (i) Address of Next of Kin AS ABOVE

2. Age last birthday 26 Date of birth Dec 14<sup>th</sup> 1892  
 3. Enlistment, or Appointment (if an Officer) (a) Place CHAPLEAU ONT. (b) Date March 25<sup>th</sup> 1916

4. Personal description:  
 (a) Height 5 ft. 9 in. (b) Weight 153 (c) Complexion Fair  
(stripped)  
 (d) Colour of hair DARK (e) Colour of eyes BROWN (f) Identification marks, Scars, etc. ....  
SHAPPELL SCARS ON BOTH LEGS. SCAR LFT. EYE

5. Former trade or occupation PRINTER

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
	3	42

	PERIODS	
	From	To
Canada .....	March 25, 1916	July 24, 1916
England .....	July 24, 1916	Nov 29, 1916
France or other theatres of War .....	Aug 13, 1917	Nov 29, 1916

7. Original disease, or injury Laceration of left Cornea

(a) Date of origin July 16, 1917 (b) Place of origin Lens. France  
 (c) Cause G.S.W.

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.)

Defective Vision - Corneal Opacity - partial loss of function of left eye.

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.)

Objective: Eye Specialists Report.  
Vision R 6/6 L > 6/60  
L cornea - dense central scar  
Defect due to G.S.W. in July 1917.  
The disability due entirely to scar  
Cat. B (Signed) A. G. Johnson, Capt.

Subjective: Partial loss of function - left eye - cannot recognize objects with it. Rt. eye

(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 Genito-Urinary System... no  
(If pulse rate is abnormal, B. P. will be taken.) (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

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

Invalid Status: Shell exploded near him & some fine pieces of shrapnel entered eye. They were removed at operation 18 hours later. In Hpl in France 4 weeks. In England 3 weeks & then C.O.T. - 2 months. Boarded C.I. and after being transferred to C.O.R.D. was sent to C.F.C. did not go back to France again. Sup vision is not improving.

Doc. evidence: In C.F.A. 58 CCS & 7 April 16-7-17 to 13-8-17  
In Woolwich Hpl 14-8-17 to 6-9-17. "Hidelson" - 20-7-17. (France)  
In M.C.H. 6, 9-17 to 2-11-17. Boarded C.I. - Corneal opacity

10.-(b) (If the answer to any part is Yes, give a brief description of the present condition.)  
hil  
(c) (Here give 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.)  
4"  
ma  
11.-(a) D  
(b) If  
con  
12. Was th  
refus  
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(If the ans  
this  
13. What i  
than  
14. Treat  
15. Is furt  
16. Can th  
17. Recom  
(Sections 7  
I, the  
present co  
I complain

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).)

nil

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

4" operation Scar inside right thigh; tet. wds left thigh upper third (scar)

11.—(a) Did the disabling condition have its origin before enlistment? 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.)

no

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? a: no 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? permanent

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

Hospitalization as described.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no (If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations. na

Howard Patton Cap. 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, F. Lillie, 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

F. Lillie Rank. Signature of invalid examined.

Handwritten signature

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.

*Board concurs  
Spec report for eyes attached*

19. Is the invalid fit for

- |  |              |              |                |
|--|--------------|--------------|----------------|
| (a) General service,                           | (Category A) | (Yes or No.) | <i>no</i>      |
| (b) Service abroad, not general service,       | ( " B)       | (Yes or No.) | <i>yes B71</i> |
| (c) Home service (Canada only),                | ( " C)       | (Yes or No.) | <i>no</i>      |
| (d) Temporarily unfit.                         | ( " D)       | (Yes or No.) | <i>no</i>      |
| (e) Unfit for service in Categories A, B and C | ( " E)       | (Yes or No.) | <i>no</i>      |

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.)

- (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.)

*Boarded for return to Canada with AG 74083 11-11-18*

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.

PLACE *Sumnerdale Barracks* *J. E. Munro* President.  
*C. A. M. C.* Capt } Members  
 DATE *May 6/19*

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..... } Members  
 DATE.....

APPROVED BY *A. Sutherland Capt*  
 Assistant Director of Medical Services.  
 Captain, C. A. M. C.  
 for A. D. M. S., Canadians, London Area.

APPROVED BY  
 ASSISTANT DIRECTOR OF MEDICAL SERVICES.  
 Director-General of Medical Services.  
 CANADIAN ARMY  
 DATE *MAY 9 1919*  
 13, BERNERS ST. LONDON, W.1

**Casualty Form—Active Service.**

Regiment or Corps... *Can. Forestry Corps* .....

Rank... *Pte* ... Surname... *Lubin* ... Christian Name... *Frank* .....

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>22-2-18</i>	<i>OC Det 54 on posting from Base Depot</i>	<i>T.O.S 54 Det at Coy 134</i>	<i>Southampton</i>	<i>15-2-18</i>	<i>Pl 11 D.O. Det 54</i>
<i>13.3.19</i>	<i>SO</i>	<i>Placed on his pay for 3 months.</i>	<i>SO</i>	<i>1.3.19</i>	<i>Pl 2 SO #11 Det 54</i>
<i>10.4.19</i>	<i>SO</i>	<i>Granted final leave with warrant</i>	<i>H/H/19 to 11/4/19</i>		<i>Pl 2 SO #16 Det 54</i>
<i>10.4.19</i>	<i>SO</i>	<i>Posted from Coy 134 to Coy 105</i>	<i>S'low</i>	<i>11.4.19</i>	<i>Pl 2 SO #16 Det 54</i>
<i>30.4.19</i>	<i>SO</i>	<i>SO Det 54 at Coy 105 on posting to Base Depot</i>	<i>SO</i>	<i>29.4.19</i>	<i>" " #19 - 54</i>
					<i>Lieut. &amp; Adj., For O.C, No 54 District, CANADIAN FORESTRY CORPS.</i>
<i>30-4-19</i>	<i>D.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale</i>	<i>27/4/19</i>	<i>Pl 11 D.O. 120</i>		
<i>21.5.19</i>	<i>From Det 54 / Coy 105</i>	<i>SGS Base Depot C.F.C.</i>	<i>S'DALE</i>	<i>21.5.19</i>	<i>141</i>
		<i>on Transfer to M.D. 2</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.

## 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

22/5/19

TOS MD 2 KPC *Phyl*

18/6/19

*Post to Canada DO # 144*

H. M. T. → SATURNIA ←

EMB GL'SG V 15 6 19

DISEMB. MONT. LAL 28 6 19

*Ed John St  
per St. war*



A.C. Rank Name **LILLIE, Frank.** Reg'l No. **724169**  
 Unit **109th. Bn .** If in perm. Corps, }  
What Unit? } Married or Single **Single.**  
 Place and Date of Enlistment **Lindsay, March 25th. 1916.** Place of Birth **Fergus, Ontario**  
 Name and Address, Next-of-Kin **Joseph Lillie.**  
**Fergus, Ontario. Canada.** Relationship **Father.**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

N/E. R.B. No. **18492**  
 File R.L. \_\_\_\_\_  
 Category **ORGAN**

Relationship

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

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.				
<u>C</u>		<b>Arrived in England per H.M.T. 2810 31-7-16</b>			<b>A.F.B. 103 CHECKED</b> <b>11 DEC. 1916</b>
28-11-16	O.C. 109 <sup>th</sup>	S.O.S. on Trans to 20 <sup>th</sup> Bn	Witley	28-11-16	Pt I. S.O. 333
11-12-16	20 <sup>th</sup> Bn	<b>Taken on strength.</b>	Field	29-11-16	75
24-7-17	✓	To Y. Gen Hosp.	St Omer.	16-7-17	b.L.A 561 gsw Both Legs & Eye Saw 1st BORD D/174
20-8-17	✓	Inw(W) & Posted to 1 <sup>st</sup> BORD	Pt Field	13-8-17	PTO 57. d 30-8-17
27-8-17	✓	adm Royal Albert Hosp.	Woodwich	15-8-17	b.L. B 419
10-9-17	1 <sup>st</sup> BORD	To Mil Gen Hosp.	Epsom	7-9-17	(20) — B 7.
12-11-17	1 <sup>st</sup> BORD	Disch .. ..	✓	2-11-17	— B 61
30-11-17	1 <sup>st</sup> CORP	On Comm to B P B London	W Slings	29-11-17	PTO 266. CPC 284. 30/11/17.
7-1-18	—	Leaves attn CPC London & on Com CPC. Slcliffe	.. ..	11-1-18	20. 17. & CPC 20. 1. 11/1/18.

ab  
1600  
2810  
200

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.				
26.1.18	W. G. O. R. D.	Leaves on com C.P.C. Schiffe Du Soling		25.1.18	V.C.P.C. Do. 26. 20. 4.
6.2.18	✓	S.O.S. to fan Jorestry	" "	6.2.18	Do. 3). 25.1.18. T.O.S. B.D.C.F.C. M.I.O. 33 27.2.18. pt
15.2.18	B.D.C.F.C.	S.O.S. to 54 dist.	S' dale	15.2.18	" 40 T.O.S. B.D.C.F.C. M.I.O. 87 27.2.18. pt
28.2.19	54 dist. C.F.C.	Awarded 2 days F.P. No 2 for W.O.F.S. R.W. from 2330 19.2.19 to 0730-21.2.19. forfeits 2 days pay by P.A.R. law. Total for future 4 days pay	" S'hampton	21.2.19	- 9
30-4-19	54 " "	S.O.S. to B.D.C.F.C.	" "	29-4-19	- 19 8 B.D.C.F.C. 120 30-4-19
21-5-19	B.D.C.F.C.	000 to 2 M.D.C.W.	" S' dale	21-5-19	- 141 4 M.D.C.W. 123 24-5-19
18-6-19	2 M.D.C.W.	S.O.S. to Canada. S.L. 87	" Rhyll.	18-6-19	- 144
			87-I	18-6-19	

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 774169 (Rank) Pte  
 Name (in full) Frank ~~John~~ Lillie enlisted in  
 the 109<sup>th</sup> Bn  
 CANADIAN EXPEDITIONARY FORCE at London on the 25  
 day of March 1916  
 HE served in Field With 20 Bn  
 and is now discharged from the service by reason of Demobilization.  
Medical Unfitness.

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

Age 25.8.  
 Height 3'9.  
 Complexion Dark  
 Eyes Brown  
 Hair Brown

Marks or Scars None on neck & face  
Small scar on forehead

F. Lillie  
 Signature of Soldier

[Signature]  
 Issuing Officer

Date of Discharge No. 2 DISTRICT DEPOT  
JUN 29 1919  
TORONTO

For Rank  
O.C. No. 2 District Depot.  
 Date JUN 29 1919 1919

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.B. 39A.  
 1049-D.P.-300M-11-18.  
 H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE  
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. \_\_\_\_\_ (Rank) \_\_\_\_\_

Name (in full) \_\_\_\_\_ enlisted in \_\_\_\_\_

the \_\_\_\_\_ CANADIAN EXPEDITIONARY FORCE at \_\_\_\_\_ on the \_\_\_\_\_ 19\_\_\_\_

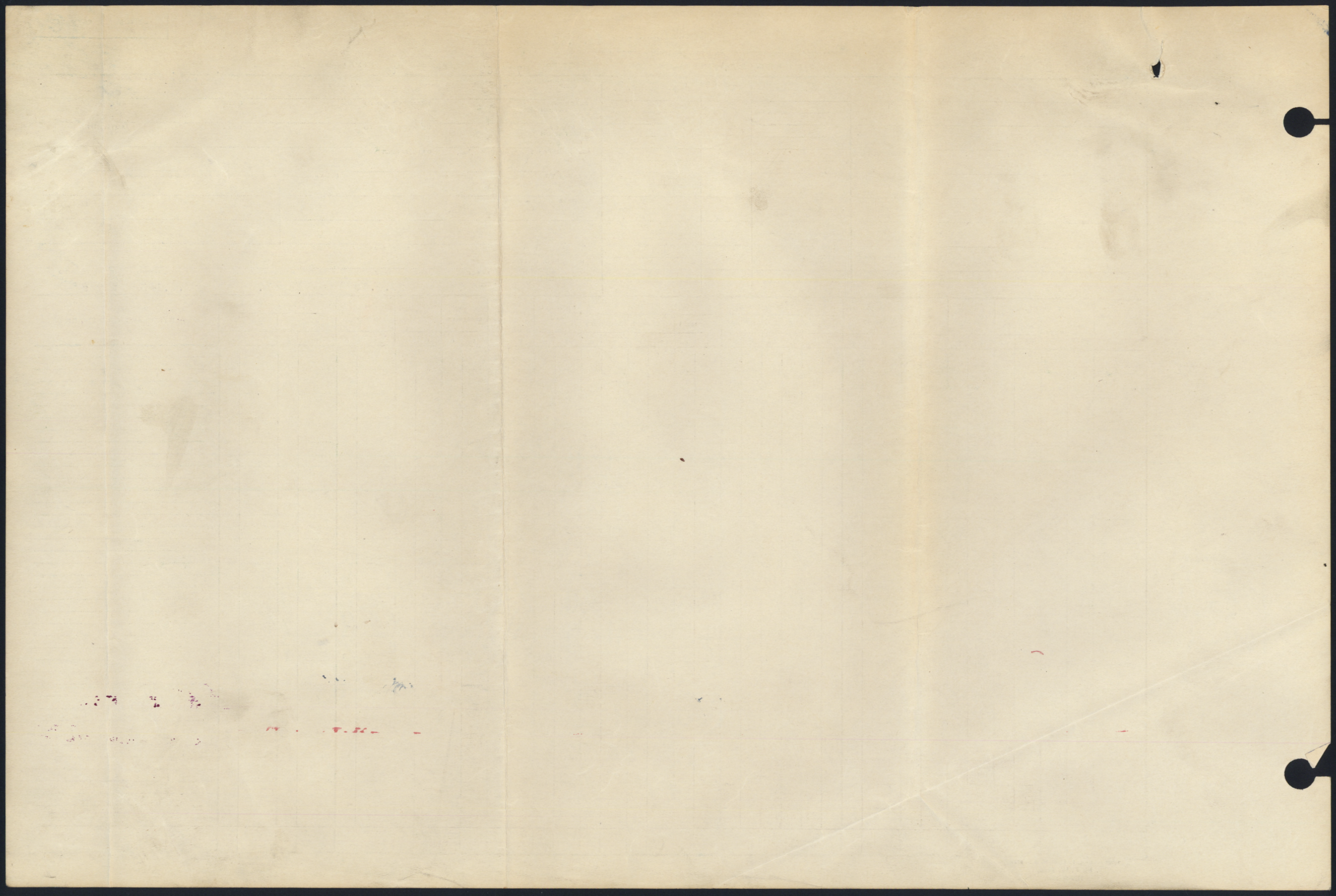
He served as \_\_\_\_\_ and is now discharged from the service by reason of \_\_\_\_\_ Demobilization \_\_\_\_\_ Medical Certificate \_\_\_\_\_

THE DESCRIPTION OF THIS SOLDIER or the DATA below is as follows:—

Age	_____
Height	_____
Complexion	_____
Eyes	_____
Hair	_____
Signature of Soldier	_____
Name of Discharge Officer	_____
Rank	_____
Date	_____ 19____

NOTE:—An original of this Certificate will be issued, and a duplicate of same is requested to forward it to an unopened envelope to the Registrar-General, Ottawa, Canada.





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# L #05499

*Aug 1st/16*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15-</i>			
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### PARTICULARS OF SEPARATION ALLOWANCE

No. *724169*  
 Rank *Pte* Promoted Reverted Discharge  
 Soldier's Name *F. Lillie*  
 Battalion *109th Batta A Coy*  
 Beneficiary  
 Relationship  
 Address

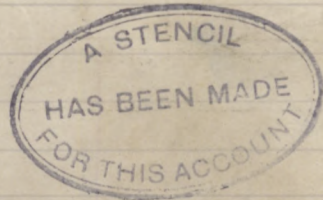
### PARTICULARS OF ASSIGNMENT

Name *Mrs Joseph Lillie*  
 Address *Fergus Ont*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>11084-F-8</i>
<i>Dec 31</i>			<i>255</i>	<i>255</i>	
<i>Jan</i>	<i>D 68367</i>		<i>15</i>	<i>15</i>	<i>A ✓</i>
<i>Feb</i>	<i>A 70604</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>J 94039</i>		<i>15</i>	<i>15</i>	
<i>April</i>	<i>10 750</i>		<i>15</i>	<i>15</i>	
<i>May</i>	<i>L 17961</i>		<i>15</i>	<i>15</i>	
<i>June</i>	<i>H 22838</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>July</i>	<i>M 28248</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Aug</i>	<i>939662</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Sept</i>	<i>n 43404</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Oct</i>	<i>P 55179</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Nov</i>	<i>J 60508</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Dec</i>	<i>D 68263</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>1919 Jan</i>	<i>P 73828</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Feb</i>	<i>N 77671</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>March</i>	<i>J 84967</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>April</i>	<i>J 3183</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>May</i>	<i>M 9017</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>June</i>	<i>v 9637</i>		<i>15</i>	<i>15</i>	<i>✓</i>
			<i>525</i>	<i>525</i>	

M. F. W. 128  
 400M-6-17-1772-89-141  
 L. L. 22320-M. & D. 1963.

A/c Closed *30-6-19*  
 Ret'd per. *Saturday*  
 Date... *29/6/19* M.F.W.187 *3/7/19*  
 Closed... *J. Morrison*



**AUDITED**  
*M.R. 89844*

*M.D.V*

