

ATTESTATION PAPER.

"9" Coy.
No. 724555

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

TRIPPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your name?..... Thomas James Miles
- 2. In what Town, Township or Parish, and in what Country were you born?..... Red Rock Ont
- 3. What is the name of your next-of kin?..... Mother Magilda Miles
- 4. What is the address of your next-of-kin?..... Lindsay Ont
- 5. What is the date of your birth?..... July 18th 1888
- 6. What is your Trade or Calling?..... Laborer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated?..... 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

Thomas James Miles..... (Signature of Man.)
R. H. Anderson..... (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas James Miles, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date October 21 1915. Thomas James Miles..... (Signature of Recruit)
R. H. Anderson..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date October 21 1915. Thomas James Miles..... (Signature of Recruit)
R. H. Anderson..... (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 21st day of October 1915.

..... (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

..... Lt. Col. (Approving Officer)
C. C. 109th Overseas Battalion, C. E. F.

Description of Thomas James Miles on Enlistment.

Apparent Age 27 years 2 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 10 ins.

Chest measurement { Girth when fully expanded..... 37 ins.
 Range of expansion..... 3 ins.

Complexion..... Dark
 Eyes..... Brown
 Hair..... Black

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

Scar on right shin and ankle bone evidences of break in left tibia

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..... September 27 1915.

Place..... Lindsay

J. McCulloch
Scott
 Medical Officer

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Thomas James Miles.....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.

DEC 29 1915

Date..... 1915

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

8m
15-2-19.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



Procds on Disch Recpt to R.P.C.
to m7w 9505 Ref R.P.C - 1070 f
17-2-19 RW

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Registration Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Disch Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Q F W. 3997 — 1
Q F B. 122 — 1
M F W. 192 — 1

m7w67 — 1

card — 1

case card



Name MILES THOMAS JAMES

Regt. No. 724555 Rank PLG

Corps No. 3. D. D.

"Demob'n."

20393

~~Procds on Disch Recpt to R.P.C.
28/1/22~~



Recd — 1
1 m7w 22

1
2-2
2-2

6167

No.

RANK

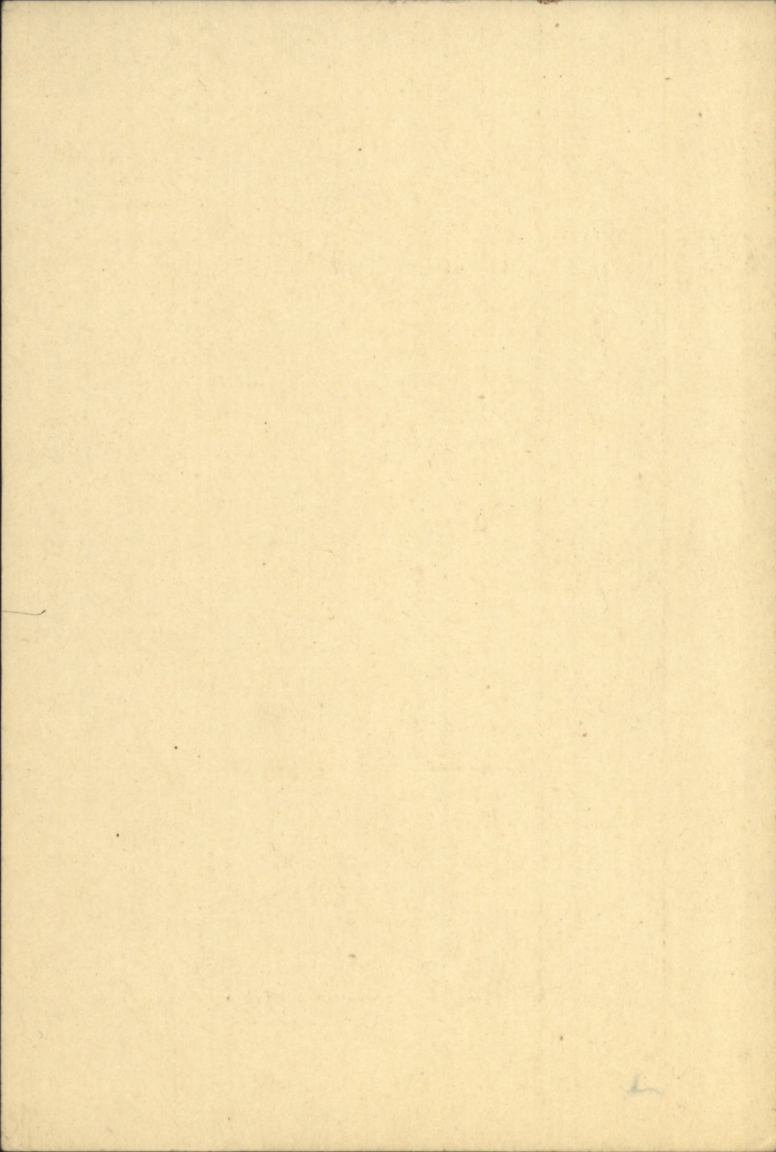
pte

NAME

*Miles T.**J.*T. O. S. *1-11-15*UNIT *93rd Battalion C. I. F.**D.O.#12-12-11-15*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915- Nov. 1</i>	<i>1915- Nov. 24</i>	<i>✓</i>	<i>Late 45th Reg't.</i>	<i>D.O.#12-12-11-15.</i>

UNIT SAILED
JUL 15 1916



No. 724555 RANK

Pte

NAME

Miles. Thomas J.

T. O. S.

UNIT

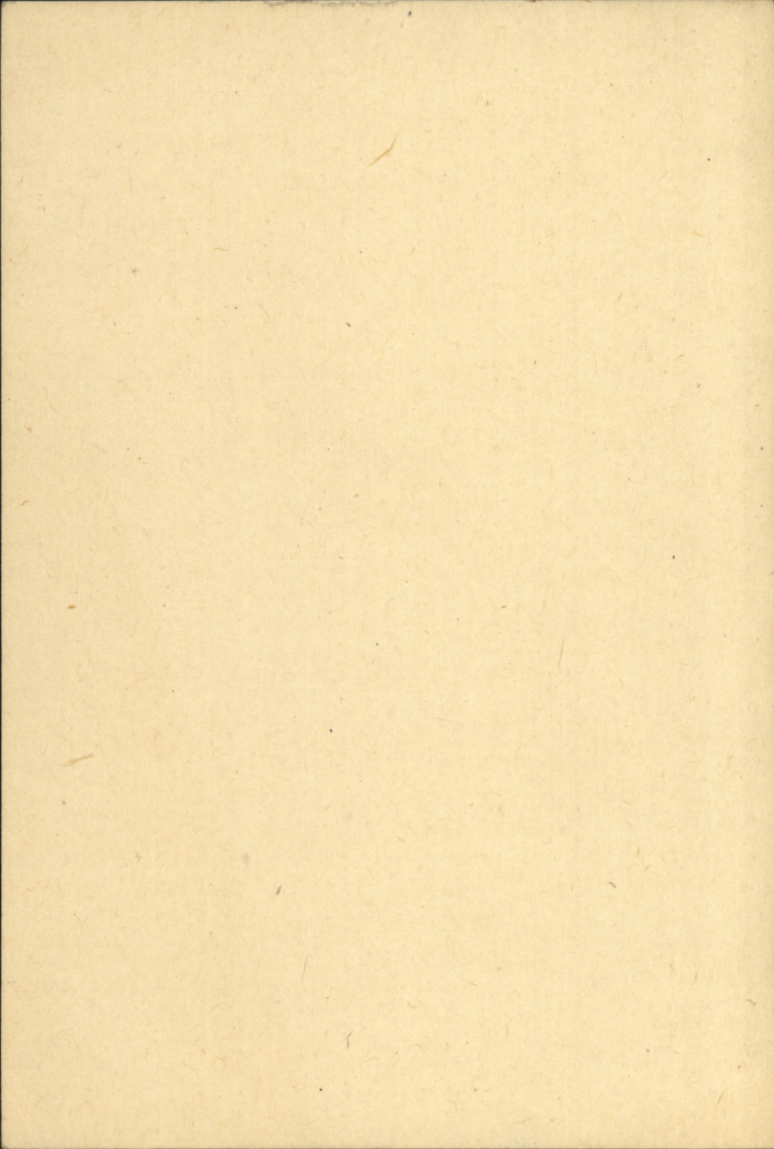
109th Battalion

Transferred from 93rd Bn.
25-11-15. D.O.S. 25-11-15.

M. D. 3

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov 25	1915 Nov. 30	✓	Prom. L./Sgt. 25-11-15.	D.O. 27. 21-12-15
1916 Jan.	1916 Feb.	✓		
	Mar.	✓		
	April	✓	Reverts (at own request.) 1-4-16.	D.O. 119. of 7-4-16.
	May	✓		
	June	✓		
	July	✓		

UNIT SAILED
JUL 23 1916



NAME

Miles J.

REGT. No.

724555

RANK AND UNIT

Pte. 51st Lt. Bn

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

CFC

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
6357 (1)	1st. Scottish Gen. Aberdeen	24-10-18	rheumatism
C373 (2)	Discharged	15-11-78	myalgia as per C371 (2) "

TE
Amby

13

Number . . . 724555 . . . Rank . . . A1. Col.

Surname . . . M. I. E. S.

Christian Name . . . Thomas James.

Units . . . 109th Bu. Can. Inf. . . Theatre of War . . . England

Date of Service . . . 21-7-16

Remarks

Latest Address . . . Lindsay

Auth.

Roll No. *A Page 990*

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY

NAME Miles Thomas James

3.
SoS Do 28-1-19-3
Do. 29 29-1-19-3
Demoll
72455-5

RANK & NO. ~~2nd Lt.~~ Pte.

CORPS 109th #3 DD.

Batt.

ENLISTMENT. PLACE Lindsay, Ont. DATE Oct. 21, 1915. S

FORMER CORPS mil

COUNTRY OF BIRTH Canada, Red Rock, Ont.


NEXT OF KIN Miles, Mrs. Matilda (mother)

ADDRESS OF NEXT OF KIN Lindsay, Ont.

DISCHARGE, PLACE

r

DATE

Sailed from Halifax Per. S.S.  N.C. 4-1-19 ²⁴⁹/₁₂ 3 M. F. W. 22: 100 m.-9-15.
L. L. 85779-M. & D.-6011. "Olympic" 23-7-16 ⁴⁸⁸/₂₅ H. Q. 1772-39 839.

REMARKS:



*Name Miles Thomas James Rank Pvt. Regtl. No. 224555
 Original unit 109 Present unit M. or S. Age 30 Religion Bapt Fyle Depot 3-m-512
 Ref. H.Q.
 Port, ship, and date of arrival St. John Trinidad 3-1-19
 Next of kin Matilda Miles, Lindsay Ent
Kingston Ent
 Address on leave
 Address on discharge
 Transportation issued Yes No Date Character on discharge
 Previous occupation Labourer Date and place of enlistment Lindsay 21-10-15
 Date of Medical Boards
 Diagnosis

Date.	Remarks	Pt. 2 Order No.
9-1-19	T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. <u>9</u> <u>Eff. 5-1-19.</u> <u>Leave & Sub 5-1-19 to 19-1-19.</u>	<u>From of</u> <u></u>

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

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

Rank *Private* Name **MILES, Thomas James** ✓ Reg'l No. **724555** ✓
 Unit **109th Bn** If in perm. Corps, }
 What Unit? } Married or Single **Single** ✓

Place and Date of Enlistment **Lindsay 21st. Oct. 1915** ✓ Place of Birth **Red Rock. Ont.** ✓

Name and Address, Next-of-Kin **Matilda Miles** ✓
24, John St.
Lindsay. Ont. ✓ Canada Relationship **Mother** ✓

Assigned Pay Monthly \$ Payable to Relationship **7421** *MR 3*

Separation Allowance \$ Payable to Relationship *See OK*

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.				
<i>C</i> Arrived in England per H. M. T. 2810 31-7-16					
19-10-16	109th Bn	Appnt ^d Acting Corp	Braunscholl	19-10-16	P ^t II. S-0.293
20-11-16	"	Reverts to Rank of A/L. Cpl <i>to meet establishment</i>	Witley	16-10-16	321
8-12-16	"	S.O.S. on temp. to 124th Bn	"	8-12-16	343
9-12-16	OC 124th	<i>Deprieved of Actg Appnt for</i>	"	"	265
14-1-17	"	<i>Drunkness on Duty</i>	"	5-1-17	14
19-1-17	"	S.O.S. temp. to 109th Bn	"	18-1-17	19 <i>PT D.O. 26</i>
20-1-17	"	S.O.S. to C.L.A.C. + att. to 124th Bn	"	23-1-17	30
1-2-17	"	<i>because to be att'd to 124th Bn + is att'd to beam for corps.</i>	Witley	1-2-17	32
9-2-17	C7C	att to C7C for P.D. etc	London	1-2-17	35

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.				
6-3-17	CCAC	Access to be att. to 124th En. S.O.S. to CFC	Hastings	31-1-17	P.T.D. DO 110 (P.T.D.O. 87. 13/4/17) C.F.C.
10.5.17	C.F.C. Dist. 1.	On strength, Coy. 2.	Edinburgh	1.5.17	P.T.D. DO 9. TOS. BDCFE
21.11.18	"	S.O.S. to BDCFE	Pte Inman	14.11.18	- 54 pno. 983 27.11.18
29.12.18	BDCFE	On board to 600 D. Quolin	Idale	9.12.18	- 293
20-1-19	"	leaves on command S. 6 St to 687. " Canada MD 3	"	23-12-18	" 20

19
107

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps

109th OVERSEAS BATTALION, C. E. F.

Regimental No. 24555 Rank Private Name Wiles Thomas James

Enlisted (a) 25/11/15 Terms of Service (a) D. of W. Service reckons from (a) 25/11/15

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) Laborer.

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				
		Embarked Canada	Halifax	24.7.16	
		Disembarked England	Liverpool	31.7.16	
79/10/16		Appointed A/Sgt. ✓ 109th Bn	Bramshott	19.10.16	Part II Orders 293. Capt. 109th Overseas Battalion, C. E. F.
8/12/16		O.C. 109th Bn transferred to 124th Bn ✓	Witley	8/12/16	D.O. Pt. II, # 443.
2.0-11-16		O.C. 109th Bn Reverts to Plt/Lt/Cpl. ✓	Witley	16-10-16	D.O. Pt. II 325 Adjutant, CAPTAIN, 109th BATTALION CAN. INFANTRY.
9-12-16	124th Bn.	Taken on strength of 124th Bn., C.E.F. ✓	Witley Camp	8-12-16	Part III Orders 265 Adjutant, MAJOR, 124th BATTALION C.E.F.
14.1.17	124th Bn	Reverted to Permanent Grade. ✓	Witley Camp	5.1.17	Part II Orders #14

(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, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				

30-1-17 124th Bn. Transferred to CAC Witley 23-1-17 Part II Order 30
 attached
 1st Batt 124th Bn.

-2-17 124th Bn. Transferred to Canadian Forestry Corps. Witley Camp. 1-2-17 Part. 11. Orders No. 32.
 Capt Adj. 124th Can. Par. Bn.

13.4.17 D. of F.C. Taken on strength Can; For. corps from C.C.A.C. London 1.2.17 Lt. & Asst Adj. C.F.C.

CERTIFIED CORRECT
 15 JUL 1918
 CAN. RECORDS, LONDON.

1/2/17 124th Bn. leaves att. 124th Bn in at to CFC Witley 1/2/17 Pt. II O. 32
 9/2/17 CFC Attached for Duty. London 1/2/17 " " 35
 6/3/17 CFC leaves to be att to 124th Bn in SOS to CFC. Hastings 3/1/17 " " 10
 10/5/17 CFC On Strength Edinburgh 1/5/17 " " 9.
 Dest I

21-11-18 OC 51 Dist G.F.C. S.O.S. 51 DISTRICT C.F.C. AT 107 COY. ON POSTING, to BASE DEPOT C.F.C. Admitted 1st Scott Gen Hosp. Aberdeen 24-10-18
 Inverness 14-11-18 Pt. II D.O. 54
 Captain & Adj. for O.C. No. 51 District, Canadian Forestry Corps.

27.11.18 O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 14-11 Pt. 11. D.O. 262
 from 107 Co. Dist 51.

Casualty Form—Active Service.

Regiment or Corps 104th BnRegimental No. 724555 Rank PLI Name Miles. T. J.

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

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

Extended _____ Re-engaged _____ Qualification (b) _____

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				
<u>10-12-18</u>					Attached C.D.D. Buxton for return to Canada Part 11 Order No. <u>292</u> . Ceases to be attached C.D.D. Buxton on embarking for Canada. <u>M. W. [Signature]</u> Lt. for Lt. Col. Commanding Canadian Discharge Depot.
<u>23-12-18</u>					Embarked for Canada. Sailing No. 101. S.S. Junisian <u>J. J. F. Allen</u> Capt & Adjt for O.C. 14 B.T. P.C.S.
<u>9/2/19</u>					T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. <u>9 King St</u> 5/1/19 <u>[Signature]</u> LIEUT. for O.C. Casualty Co., No. 3 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., 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				
28-1-19	808	Discharged	Kingston	28-1-19	H Q 29 J. J. Mooney Capt. O. C. Discharge Section No. 3 District Depot

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724555 (Rank) Private

Name (in full) Miles Thomas James enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay Ont on the 21st

day of October 19 15

HE served in Canada & England

and is now discharged from the service by reason of Demobilization R. 9.

1343 Auth 300-3-M-512

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

Age 30 yrs 6 months

Height 5ft 10 ins

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars scar right shin

Thomas J. Miles
Signature of Soldier

J. J. [unclear]
Issuing Officer
O. C. Discharge Section
No. 8 District Depot
Rank

Date of Discharge 28-1-19

Appointment

Signed at Kingston, Ont this 28th day of January 19 19

in Military District No. 3

File Reference No. 300-3-M-512

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19.....

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

DEPARTMENT OF VETERANS AFFAIRS

To Copy for HO file

Ottawa 4, Ont.

Date ~~Aug~~ Sept 3, 1968

Attention of

NAME MILES Thomas J.

SERVICE NUMBER

724555 WW1

C.P.C. No. 64624
W.V.A. No. 36531

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

STMO DVA Toronto Ont Date Aug 29, 1968 Tele Memo

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Aug 29, 1968
Cause of Death
Place of Death Sunnybrook Hospital

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAV~~
~~D.O.~~
H.O.

} Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

Chief Clerk, Bureau

NO
100
1000

1890

BOOK 100

1890

Place of Death
Cause of Death
Age at Death

LE No: 1000

1890

1890

1890

1890

1890

1890

DEPARTMENT OF AGRICULTURE

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Miles T J
 REGIMENT C. of C. RANK Plt No. 724535
 Date of Examination in England 10-12-48 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. FILINGS 6. 11. 28. 29. 31
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

nil

HAS HE EVER REFUSED DENTAL TREATMENT? _____

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

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

Signature of Dental Officer [Signature] Capt

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
PERMIT TO LOCATE FOR MINING

Section 10
T. 12 N. R. 10 E. S. 10
County of Lincoln, Nebraska

TO THE LANDS COMMISSIONER
WASHINGTON, D. C.

FOR THE LOCATION OF
A MINING CLAIM

DATE: 6-11-28

[Handwritten signature]

- () Full Page
- () Part Page
- () Full Page
- () Part Page

() B. Clerk

() B. District

[Handwritten signature]

Casualty Company,
Barriefield, Ontario, 28-1-19

724555 PTE MILES. I.J.

THE MARGINALY NOTED IS THIS DAY CLEAR OF
ALL QUARTERMASTER CHARGES.

Jamie Brady

Lieut.

Q. M., Casualty Company.

U.S.A.

(6) Probable duration of Disability

(7) Is officer or other rank fit for Category, A B C D
(answer yes or no).

(8) If for treatment, specify nature of

3 23-12-18 Olan

136450

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

No. 724555 Rank plc Name Miles-Tho-Jarvis 191 7
 Local Unit (124 Bn) Overseas Unit _____ Age 28

Examination held in Bramshott area.

DISABILITY.

Deficiency - Right ankle

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

*This man has fracture of Right ankle
 and leg - 20 years ago - Injury increased
 by 2nd accident 9 years ago.
 Can walk 5 miles and is accustomed
 to tedious work in Canada.*

Class B17.

Board recommends :

1. Fit for Duty.
2. Fit for duty after _____ weeks physical training.
3. Fit for Base duty _____ weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures :

Members

C. Cooper Col. Pres.
A. Dickson Maj
H. Trafford Capt

Approved.

Bramshott

23-1-

191 7

A. Stewart Maj

for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

101

No. _____ Rank _____ Name _____
 Local Unit _____ Overseas Unit _____ Age _____

Examination held in Bramshott area.

DISABILITY

Overseas - Local
General (one out)

PRESENT CONDITION

Board recommended:

1. Fit for D.M.S.
2. Fit for duty after _____ weeks physical training
3. Fit for base duty _____ weeks
4. Fit for Permanent Base Duty
5. Discharge

Signature: _____

Pres

Members

Approved

101

Bramshott

724555

69

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Miles Christian Name Thos James

Examined on 29th day of September 1915
at Lindsay
Birthplace { City or Town Red Rock
County Victoria.

Approved by McCulloch
Rank Capt M.O.

Apparent age 27 years
Trade or occupation laboier
Height 5 Feet 5.0 Inches.
Weight 153 Lbs.
Chest measurement { Minimum 34 inches.
Maximum expansion 37 inches.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
24/8/17	B.2.	<u>T. G. B.</u> M.O.
26/9/17	B.1	<u>R. P. Borden Capt</u> M.O.
		M.O.
		M.O.
		M.O.

Physical development good.
Small-Pox Marks None

Vaccination Marks { Arm Right. None Left Two
Number Two

Date	Result	VACCINATIONS.
21.10.15	Good	<u>McCulloch Capt</u> M.O.
		M.O.
		M.O.

When Vaccinated last October 21 1915
(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection
little stiff in right ankle
T.A.B. 16.3.18
1 W.P. Honey

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
18.4.16	Good	<u>J. McCulloch</u> M.O.
23.4.16	Good	<u>J. McCulloch</u> M.O.
2.5.16	Good	<u>J. McCulloch</u> M.O.
2.11.16		<u>J. Boyd</u>

Enlisted on 25th day of September 1915 at Lindsay


Joined on enlistment	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
	<u>Overseas Contingent</u>			
	<u>45 Victoria Regt</u>	<u>724555</u>		<u>27.10.15</u>
Transferred to..	<u>124th OVERSEAS BATTALION C.E.F.</u>			
	<u>Canadian Forestry Bn</u>			
	CANADIAN FORESTRY CORPS.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u>	<u>23 JAN. 1917</u>	<u>Deficiency Rt ankle</u>	<u>Class B.1</u>
APPROVED	<u>15.11.15</u>	<u>Inguinal + dependent</u>	<u>Cooper</u>
<u>Sunnyvale</u>	<u>Jan 22. 19</u>	<u>Deficiency Rt Ankle</u>	<u>Medical Board Bramshott</u>
<u>Barnfield</u>		<u>Myalgia</u>	<u>B.1</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.

Surname *Miles* Christian Name *Thomas James*

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				
		24	10	18	14	11	18	Chronic Rheumatism. (37)	21 days	Reported sick at Achreim barrack, Nairn. Complaining of pain in the knee joints & ankle joints. History of Rheumatic pains for many years. No definite swelling of joints. No pyrexia, nil treated. Improved. To rejoin unit.	<i>McDuncan Capt. Remy</i>

To be made out in duplicate.

H.Q. 54-21-23-53

DUPLICATE

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.....
109th OVERSEAS BATTALION, C. E. F......

(2) Regimental Number **724555.**.....

(3) Full Name of Soldier..... **Thomas James Miles.**.....

(4) Place of Birth..... **Red Rock. Ontario. Canada.**.....

(5) Are you married, or not? **No.**.....

(6) If married, state,
(a) Full name of your wife..... **No.**.....

(b) Present Postal Address.....

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

(8) Have you any children? **No.**.....

If so, give number of boys and girls.....

Also their names and ages.....

.....

.....

.....

.....

(9) Is your Father alive? **No.**

If so, state name and address

(10) Is your Mother alive? **Yes.**

If so, state name and address **Matilda Miles.**

Lindsay. Ont. Canada.

(11) If your Mother is a widow **Yes.**

Are you her sole support, or not? **Yes.**

(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.

\$40 per month.

Other children married.

(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.

No.

(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.

Yes.

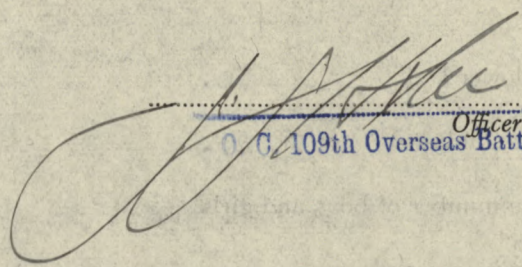
(15) Are you insured? **No.**

If so, in what Company?

Have you made arrangements for payment of your Insurance premium?

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

Date **June 29th. 1916.**

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

/GM

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44. 1133 (D.P.) 250M.-12-18. 1772-39-903.

LAST PAY CERTIFICATE

ORIGINAL

Regimental No. 724555 Rank Pte. Name Miles, T. J. (Surname first)
Unit C.F.C. who was* Discharged
On January 28th 1919, to Category "B2"
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan. 1st to Jan. 28th 1919. the inclusive date of transfer or discharge.

Table with columns Dr. and Cr. containing financial entries: Bal. Dr. or Cr. from prev. month, Regimental Pay, Field Allowance, Separation Allowance, Clothing Allowance, Post Discharge Pay, *Other Credits, Advances, Separation Allowance and Assigned Pay Cheque No. Overpaid S.A., *Other Charges, Balance on transfer or on discharge, cheque No. 2616, Total.

*Give particulars.

A monthly stoppage of \$15.00 (†) has (†) been paid on account of Assigned Pay for the month of January 1919 and Separation Allowance for month of January 1919 (to) Assignee Mrs. M. Miles, Lindsay, Ont. (Address) (A.P. & S.A. by Ottawa)

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment married or single
(2) Separation Allowance, entitled or not pd to 31/1/19 (3) Reason for discharge
(4) Authority for discharge or transfer 3DD. 3-M-512

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date January 27th 1919

Place Kingston, Ont.

Signature of Captain, OFFICER IN CHARGE MOBILIZATION PAY DIV. MILITARY DISTRICT No. 3 Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916. (†) For purposes of transfer it is to be made out in triplicate. (C) For purpose of discharge it is to be made out in duplicate. (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

cheque #2616 attached

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. Matilda Miles*
 Address *Lindsay*
Ont.

By Whom Assigned *T. J. Miles*
 Regtl. No. *724555*
 Rank *Pte*
 Corps *109 Battr.*

Rate *15.00* *1 Aug 16*

24m. 22 96 m. H. 27 96

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				



103-8
1111
1111

MILITIA AND DEFENCE

M. F. W. 12a.
50m.-6-16.
172-39-819.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

*Mrs
M. Miles*

PAYMENTS.

Name of Soldier

Pte T. J. Miles

L. L. Job 4503. - Req. 6832.

724555 - 109 Battr

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>Y 20946</i>	<i>30</i>	<i>Adj</i>
Oct.		<i>M 21391</i>	<i>15</i>	
Nov.		<i>M 25242</i>	<i>15</i>	
Dec.		<i>R 29866</i>	<i>15</i>	
Jan.	1917	<i>J 40968</i>	<i>15</i>	
Feb.		<i>J 46302</i>	<i>15</i>	
March		<i>C 51871</i>	<i>15</i>	<i>15-B</i>
April		<i>X 3565</i>	<i>15</i>	<i>15. Cu</i>
May		<i>X 10309</i>	<i>15</i>	<i>15X</i>
June		<i>M 18764</i>	<i>15</i>	<i>B.</i>
July		<i>X 23071</i>	<i>15</i>	<i>2</i>
Aug.		<i>L 30971</i>	<i>15</i>	
Sept.		<i>L 38256</i>	<i>15</i>	<i>15. Cu</i>
Oct.		<i>Y 44137</i>	<i>15</i>	
Nov.		<i>L 50777</i>	<i>15</i>	
Dec.		<i>V 58124</i>	<i>15</i>	
Jan.	1918			
Feb.			<i>255</i>	
March				
April				
May				
June				
July				

*15⁰⁰ Aug 1⁰⁰ 16**New**✓**OB*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

1-3-16

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name *Mrs Matilda Miles*
Address *Lindsay
Out*

Name of Soldier *Miles, Thomas James*

Regtl. No.
Rank *Corpl.*
Corps *109th Bn.*

Relation to Soldier *Mother*
wife, child or mother *Wife*

To what Corps belonging }
when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>£ 34299</i>	<i>20 - 20</i>	



2 1 0

0 XIII 6

17 17

11 11

1-3-16

MILITIA AND DEFENCE

M. F. W. 11a.
60m.-12-15.
1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

Mrs. Matilda Miles Mother, Corp. Miles, Thomas James

PAYMENTS.

Month.	Year.	Cheque No.	¹⁰ Amt.	Remarks.
April	1916	G2324	20	
May		R3982	20	
June		22741	20	
July		W10493	20	
Aug.		H12539	20	
Sept.		V 16921	20	
Oct.		C20220	20	
Nov.		J 22270	20	
Dec.		925824	20	
Jan.	1917	T 29625	20	
Feb.		T 32536	20	
March		T 35729	20	
April		T 1714	20	
May		J 4899	20	
June		T 8434	20	
July		T 11706	20	
Aug.	15672	C 15672	20	
Sept.		J 18120	20	
Oct.		2108	20	
Nov.		X 14224	20	
Dec.		Q 27535	20	
Jan.	1918			
Feb.			<u>440</u>	
March				
April				
May				
June				
July				

320

M
T
T
M
BW

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

724555

Ote Noiles

J. J.

A.P. 15th Can

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS										
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT													
			\$	C.			\$	C.			\$	C.																													
Balance forward												18 10	357 85					53 53	31 63	48 67		150	1 60	285 43	72 42																
1917				329	75																15	15	90 42																		
June	30	1 ¹⁰	33																		15	15	109 52																		
July	31		34 10																		15	15	105 52																		
Aug	10		11																		15	15	105 52																		
"	21		41 85																		195	1 60	330 43																		
"	21		72 10																		20 10	2 20	42 34	86 28																	
Sept	30		33																		15		49 06	90 22																	
			43 05																		210	26 90	421 83																		
			43 95																																						
CASH PARTICULARS																																									
Sept 30	Oct		40 22																																						
			34 10			law A.P.																																			
			34 10			AR 826 22 P.M. 107 AG	14 60																																		
			67 10			loan A.P.																																			
			67 10			AR 5 25 9/7 1076 loan	17 03																																		
			67 10			" N 40 18 17	17 03																																		
			67 10			" 395 2 7 Tho. Reppensch	12 17																																		
			67 10			Dec A.P.																																			
			67 10				46 23																																		
			67 10				30 05 59																																		
			34 10			A.P. loan Jan																																			
			34 10			AR N 210 18 17 1076 si dist	24 33																																		
			34 10			" N 442 10 17	36 93																																		
			34 10			D.O. 145 27 17 A.W.L. 1201 and	63 26																																		
			34 10			21 12 - 320 June 23 17 10 days																																			
			34 10			F.P.N. 2 7 Forfeit 3 days R.W.	63 26	14 30																																	
			34 10				63 26	14 30																																	
			34 10				63 26	14 30																																	
			30 80			A.P. loan																																			
			30 80			AR N 49 15 18 107 si dist	9 73																																		
			30 80				9 73																																		
			34 10			loan A.P.																																			
			34 10			AR 961 15 18 107 si dist	24 33																																		
			34 10			" 1249 12 18	19 47																																		
			34 10				43 80																																		

Draw to 278 Eq. 18.11 A.P.
 As 49 26 by forfeit 21 do by R.W.
 " 31 59.7 " " "

ASSIGNED PAY. **ENGLAND or CANADA.** SEPARATION ALLOWANCE. **ENGLAND or CANADA.**
EFFECTIVE DATE: **1. 8. 1916** EFFECTIVE DATE: -
AMOUNT **\$15.00** AMOUNT: -

NAME: **MILES Thomas James.**
NUMBER: **724553 54**

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.

Matilda Miles
Lindsay Out.
(Mother)
Stopped 1/1/19.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS
ORIGINAL UNIT: **109th Bn**
DATE ACCOUNT FIRST OPENED: **1. 8. 16**

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
			6th B. Eng

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
2/1/18	1194	Base Dept	65.6 73-0-0				
7/2/18	1194		62-0-0				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
	1.00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: **Discharged to Can for disposal Auth 68th 333 7/12/18**

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March	Bal Fwd								11 50		
April	P. Pay.	33		Law A.P.				15	1 63		
				AR 173. 23-4-18. 107	4 87			15			
May	P. Pay.	34 10		Law A.P.				15	15 86		
				282. 14.5.18. 107	4 87			15			
June	P. Pay.	33		Law A.P.				15	16 83		
				524. 20.6.18 107	17 03			15			
July		34 10		Law A.P.				15	16 46		
				731. 18.7.18 107	19 47			15			
Aug		34 10		Law A.P.				15	16 09		
				975. 19.8.18. 107	19 47			15			
Sep		33		G.A.P.				15			
				AR 1207 17.9.18 107	17 03			15	17 06		
Oct	Pies Pay.	34 10		G.A.P.				15	16 69		
				AR 1441. 21.10.18 ✓	19 47			15			
Nov	P. P	34 10		Law A.P.				15			
				AR 1494. 21.11.18. ✓	14 60			15			
				AR 1494. 7/12/18 ✓	9 73						
Dec	P. P	34 10		Law A.P.				15	14 73		
				5914. 20-12-18. (Exclusion) ✓	9 73			30			

Correct Bal. 19.13
(973 endorsement)

STOPPED 10/1/18 EFFEC 1/1/19
DISCHARGED TO CANADA DATE 1/1/19
PAY BOOK VERIFIED 10/12/18
Gr. BAL. L.P.C. REN 10/12/18
AUTHY. AR 333 7/12/18

COMPILED BY: **D. Richards**
R.D. & Co.

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

29-10-36
M
DEPT
MUNICIPAL DEFENSE
-7-1919
H.Q.
CANADA

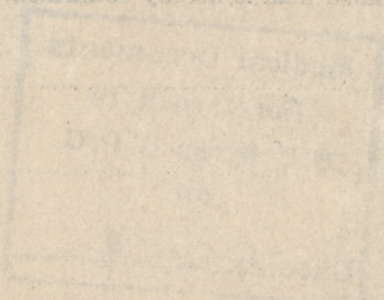
1. No.	724555		
2. Rank.	Pte		
3. Name.	Miles Thomas James		
4. Unit.	No. 3 District Depot		
5. Date of Discharge	28-1-19	Place	Kingston, Ont
6. Reason for Discharge	Demobilization R.O. 1343		
7. Authority.	JDD-3-M-512 D/24-1-19		
8. Proposed Residence after Discharge	Lindsay Ont		
9.	CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.? 39 J. J. Miles Signature of Soldier.		
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place... Kingston, Ont Date... 28-1-19 Medical Documents Forwarded to S.C.R. or B.P.C. on Date 4-2-19 Signature... J. J. Mooney Capt (O. C. Discharging Unit.)		

E. R. J.
H. W. H. H. H.
11-2-19

SHORT FORM NO. 10
PROCEEDINGS ON DISCHARGE
(Remobilization)



1. Name	
2. Rank	
3. Service Number	
4. Date of Discharge	
5. Reason for Discharge	
6. Proposed Residence after Discharge	
7. Authority	
8. Certificate to be signed by Soldier	
9. Confirmation	



LIST OF DISCHARGE DOCUMENTS

Medical Form W 33	Attestation Form, Typewriter
Medical Form W 153	or Particulars of Reason
Medical Form W 112 or A.F.H. 103	Field Conduct Sheet
Medical Form W 61 or A.F.H. 102	Company Form
Medical Form W 44	Form for Certificate
	(Certificates that missing documents are under repair)
Medical Form H 318 or A.F.H. 178	Medical History Sheet
M.F.H. 237, A.F.H. 177 or A.F.A. 44	Proceedings of Medical Board
Medical Form H 465	Panel History Sheet
Medical Form H 124 or H. M. S. 1812	Medical Report
Medical Form H 273	Regimental Conduct Sheet
Medical Form H 204a	Company Conduct Sheet

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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT **3**

M.F.B. 465,
150M - 6-18,
1772-39-950.

NAME OF SOLDIER

Miles J J

REGIMENT

RANK

DD Pt.

No. **724553**



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	<i>1919</i>																					
	<i>Jan 22</i>										<i>6</i>									<i>Dr Manny Capt 3</i>		<i>12 Cor # 12, 46, 89, 13, 18, 28, 29, 31</i>
											<i>3, 5, 12, 14, 19, 30,</i>											<i>Refused Treatment Thos miles 22/1/19</i>

RENTAL SHEET

RENTAL SHEET

Reserved for M.H.C.

Regt. No. 724555 Rank PTE Surname MILES Christian Name Thomas James
 Unit or Corps—(a) Overseas from United Kingdom None (b) in United Kingdom C.F.C.
 Born at—Town Red Rock County or Province VICTORIA ONT Country Canada
 Date of Birth—Day 18th Month July Year 1888 Age 30 yrs. 4 months.
 Joined at Lindsay Ont Date 27 SEPT 1912
 Former trade or occupation laborer
 Permanent Marks or any peculiarity that will serve for future identification:—

See Right Ankle.

Height—feet 5 inches 10 Colour of eyes Brown
 Signature of Soldier (for identification purposes) Thomas James Miles

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)

Defective movement
Deformity RT Ankle
plus

Disabilities Group (b)

Myalgia.

Disabilities Group (c)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>Some infection in civil life</u>	<u>Canada</u>	<u>1895</u>
(ii.) As to Group (b) above.	<u>Conditions of civil life</u>	<u>Canada</u>	<u>1908</u>
(iii.) As to Group (c) above.			

3. Is the disability due to disease contracted or injuries received prior to Active Service?

- (i.) As to Group (a) above? yes If yes, has Active Service aggravated it? no
- (ii.) As to Group (b) above? yes If yes, has Active Service aggravated it? yes
- (iii.) As to Group (c) above? — If yes, has Active Service aggravated it? —

4. Is the disability due to disease contracted or injuries received while on Active Service?

- (i.) As to Group (a) above? no
- (ii.) As to Group (b) above? no
- (iii.) As to Group (c) above? —

Statement of the Soldier

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)?

If not, describe it. *Yes*

11. Is the cause of the disability fully described in Part I. (2)?

If not, describe it. *Yes*

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier { Caused? *No* Aggravated? *No*

(b) Misconduct of the Soldier { Caused? *No* Aggravated? *No*

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?

(Estimate at none, 5%, 10%, 15%, 20%, etc.) *Twenty Percent*

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3).) Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.

What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (Estimate at none, 1/10, 2/10, 3/10, etc., or all.) *Fifty Percent*

15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent? *No*

(ii.) If not permanent, what is its probable minimum duration (in months)? *Six months*

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *Not applicable*

17. Can the former trade or occupation be resumed? *Yes*

18. REMARKS:—

*Entire condition was aggravated by service. My only condition has been aggravated by service. Will likely improve a day. *Chorea*. *Caution for further* *Co. 8, telegram 8083**

19. RECOMMENDATION:—

(a) Fit for duty? (state category) *B3*

(b) Invalid to Canada? *No*

(c) Discharge from Service as permanently unfit? *No*

Date of Board *18. 11. 18*

Station *Sumner, Ont.*

Approved *[Signature]*

Dated at *[Signature]*

Signatures of the Board

AD.M.S.

Station

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIAN ARMY, LONDON AREA, NOV 10 1918, 18, BERNERS ST LONDON, W. 191

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England)

(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned, Thomas J. Miles, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of:—

Thomas J. Miles
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows:—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Table with 8 columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

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 initialed 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 Kingston, Ont. DATE 22-1-19.

1. 1 (a) Unit #3. CCDD. (b) Regimental No. 724555. (c) Rank Pte.
 (d) Surname Miles. (e) Christian name Thomas.
 (f) Home address Lindsay, Ont.
 (g) Next of Kin Mrs. W. Miles. (h) Relationship Mother.
 (i) Address of Next of Kin Lindsay, Ont.

2. Age last birthday 31. Date of birth July 18th, 1888.

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay. (b) Date Sept. 21-15.

4. Personal description:
 (a) Height 5' 10". (b) Weight 175. (c) Complexion Dark.
(stripped)
 (d) Colour of hair Dark. (e) Colour of eyes Brown. (f) Identification marks, Scars, etc. ..
Several scars right ankle.

5. Former trade or occupation Farmer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>3 yr. 7 mos.</u>	

	PERIODS	
	From	To
Canada <u>109th Bn. C.E.F.</u>	<u>21-9-15.</u>	<u>20-7-16.</u>
England <u>109th Bn. C.E.F.</u> <u>Can For. Corps.</u>	<u>20-7-16.</u>	<u>3-1-19.</u>
France or other theatres of War <u>----</u> <u>Canada. #3 C.C.D.D.</u>	<u>3-1-19.</u>	<u>Date.</u>

7. Original disease, or injury 1. Defective movement right ankle.
2. Myalgia.

(a) Date of origin 1. 1895. 2. 1908. (b) Place of origin 1 & 2 Canada.
 (c) Cause 1. Infection ankle joint. 2. Condition of civil life.

8

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

1. Defective movement right ankle. 2. Myalgia.

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.)

SUBJECTIVE - 1. States right ankle is stiff with limitation of movement in all directions. Says condition is same as at time of enlistment.

(2) Man complains of weakness in left knee. Has pain in left knee after walking several miles or in wet weather which extends up thigh. No appreciable pain if he remains quiet. Other joints feel normal. Says there is no stiffness of joint affected, unless after undue exercise when stiffness appears several hours later.

OBJECTIVE - There are several well healed scars extending from inner malleolus to middle third inner side of leg. A small projection of tibia, 4" above ankle joint. Definite limitation of movement right ankle joint in all, directions 50%.

(2). Diameter left knee 1" more than that of right knee indicating some enlargement. No pain or tenderness present, movement normal. Heart - normal. Lungs normal other systems normal.

- (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.....as above.....

Osseous and Joint Systems.....as above..... Any other general condition.....no.....

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

Man states he had infection in right ankle with running sores at 7 years of age. A few pieces of bone worked out in 1913. Condition of childhood resulting in stiff ankle in that movements on right ankle joint were limited in all directions. ~~xxxxx~~ This condition being present at enlistment. Appeared before medical board on Jan. 23-1917 in England and put in Category B2 on account of ankle conditions. Sent to Forestry Corps in England for duty till Apr. 1918. When he was given permanent light duty. Was in 1st Scot General Hospital from 24-10-18 to 14-11-18. Complaining of pain in left knee joint and ankles. Gives history of having attacks of Rheumatism for several years before enlistment.

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, scar, and deformities.

N/A.

11.—(a) Did the disabling condition have its origin before enlistment? 1. Yes. 2. Yes.

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

1. No. 2. Slightly aggravated. Gives history of Myalgia several years prior to enlistment.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1, 2. No.

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. Permanent. 2. Vary with climatic conditions.

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

1. Nil. 2. Scot General Hospital 24-10-18, to 14-11-18.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

1 & 2 No.

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

17. Recommendations. Fit B2.

E. Binell Capt. Dunc. 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, Thos J. Mills, 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 nil.

Thos J Mills Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or ~~No~~) B2
- (c) Home service (Canada only), (" C) (~~Yes~~ or No.)
- (d) Temporarily unfit. (" D) (~~Yes~~ or No.)
- (e) Unfit for service in Categories A, B and C (" E) (~~Yes~~ or No.)

20. It is certified that the invalid

(a) ~~Does require treatment~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (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.)

Fit B2 with No. 1. No disability due to service.

and No. 2. Some aggravation during service.

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 Barriefield.

DATE 22-1-19.

R. S. Grier President.
Bussfrothelchompton Capt (R.M.C.)
 Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
 Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....President.
 PLACE.....
 DATE.....
 } Members

APPROVED BY
[Signature]
 Assistant Director of Medical Services. M.B.

DATE 22-1-19

APPROVED BY
 Director-General of Medical Services.

DATE.....

Date of Enlistment

MILITIA AND DEFENCE

M

173 Date of Assignment

1-3-16

Separation and Assigned Pay Branch

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00	20	
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23735

RATE OF ASSIGNMENT

15			
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P.O. 3257 1-9-18
P.O. 275-3
M.R.D. 39694

PARTICULARS OF SEPARATION ALLOWANCE

No. 724555
 Rank *Cte* Promoted Reverted Discharge
 Soldier's Name *G. J. Miles*
 Battalion *109 Battn.*
 Beneficiary *Mrs Matilda Miles*
 Relationship *mother*
 Address *M.R.D. 39694* *OK*

PARTICULARS OF ASSIGNMENT

Name *Mrs Matilda Miles*
 Address *Lindsay, Ont.*
 Change of Address

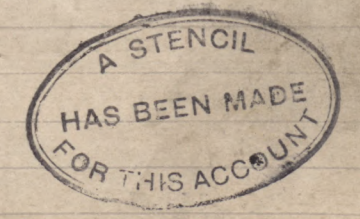
- 1
- 2
- 3
- 4

627M6 emp.

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					012829-9-4 M.D.#3
Dec. 31		440	255	695	✓
Jan	166046	30	15	45	✓
Feb	75301 K	25	15	40	✓
Mar	94748 O	25	15	40	✓
Apr	9926 M	25	15	40	✓
May	13801 R	25	15	40	✓
June	25958 L	25	15	40	✓
July	34232 J	25	15	40	✓
Aug	36739 P	25	15	40	✓
Sept	48051 S	25	15	40	✓
Oct	52320 X	25	15	40	✓
Nov	58773 T	25	15	40	✓
Dec 19	66976 Y	45	15	60	X
Jan	74581 X	30	15	45	✓
		795	450		

M. F. W. 128
4009x-617-1772-38-1141
L. L. 22320-M. & D. 1938.

A/c Closed 31-1-19
 Junisian
 Date 4-1-19 P.I. 7-1-19
 J.H.D. Neely
 Windsor M.R.O. 39984
 7-1-19-1919



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. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

Name _____

Address _____

Change of Address _____

1 _____

2 _____

3 _____

4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 400M-6-17-1772-59-1141
 L. L. 2520-M. & D. 7895.

9.878

SAILING LIST:-

~~Cambridge~~

No.

Rank

Name.

Cambridge

424558

Pte.

MIKES.

T. L.

