MILLER WM. NELSON 726115 3 S.S. CO. 20878
1087118
3060400 DES. DEMOB

408440

This space to be for numbers

Proceedings on Discharge.

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

No.	3060400
Rank	Pte.
Surname	MILLEN
Christian Name	William Nelson

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

Corps (Squadron, Battery or Company)	1st Depot Bn., E. O. Regt., C. E. F.
Date of Discharge	28-11-18
Place of Discharge	Belleville, Ont

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	19 years 4 months.	
Height	5 feet 4½ inches.	
Complexion	Fair	
Eyes	Blue	nil
Hair	Brown	
Trade	Farmer	
Intended place of residence (To be given as fully as practicable.)	Wilberforce, Ont.	

2. The above-named man is discharged in consequence of services no longer required.

Auth. R.O.1328 of 1918.

"Demob"

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

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

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

Good

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

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

Farmer

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

nil

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

6. Medals and Decorations ..... nil

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

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

(Place) Belleville Ont

(Date) 28-11-18

R. O. Smart Lt.-Col.
O. C. 1st Depot Bn., E. O. Regt., C. E. F.
Commanding .....

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

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

(Place) Belleville, Ont. × William Mullen (*Signature of Soldier.*)

(Date) 28-11-18 H. T. Peters (*Signature of Witness.*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....176.....days.

Total.....years.....176.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Belleville Ont

(Date) 28-11-18.

(*Signature*) R. O. Smart Lt.-Col.
O. C. 1st Depot Bn., E. O. Regt., C. E. F.

Reservations referred to at Para. 8.

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

Nil.

X William Miller
.....
Signature of man.

H. T. Peters
.....
Signature of witness.

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	*(a)* Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	*(b)* Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	*(c)* Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

No. 3

TRIPLICATE

M. D. ..... Depot Battalion 1st Depot Bn., E. O. Regt. C.E.F. Regiment

Regtl. No. 3060400

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1st)

1. Surname: Millen
2. Christian name: William Nelson
3. Present address: Wilberforce, Ont.
4. Military Service Act letter and number:
5. Date of birth: Nov. 24th, 1897.
6. Place of birth (town, township or county and country): Township of Cardiff, Ont. Haliburton County.
7. Married, widower or single: Single
8. Religion: C. of E.
9. Trade or calling: Farmer
10. Name of next-of-kin: William Millen,
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Wilberforce, Ont.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: 109th Batt. Lindsay, Ont. 1916. six months service.
15. Medical Examination under Military Service Act:—

(a) Place Barriefield, Ont. (b) Date June 6th, 1918. (c) Category A-

DECLARATION OF RECRUIT

I, William Nelson Millen, do solemnly declare that the above particulars refer to me, and are true.

J. C. Snell witness — W. N. Millen his mark (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 18 yrs. 11 mths.

Height: 5 ft. 4½ ins.

Chest measurement: fully expanded 34 ins.; range of expansion 2 ins.

Complexion: Fair

Eyes: Blue

Hair: Brown

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

None

R. W. Smart Lt. Col.
O. C. 1st Depot Bn., E.O. Regt. C.E.F.

O. C. ..... Depot Btln.

..... Regt.

Place Barriefield, Ont. Date June 6th, 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3060400 (Rank) Private

Name (in full) Millen, William Nelson. enlisted in

the 1st Depot Bn, E. O. Regt

CANADIAN EXPEDITIONARY FORCE at Barriefield on the Sixth

day of June 1918

HE served in Canada

and is now discharged from the service by reason of Resuming civil occupation

Services no longer required. Auth. R.O. 1328 of 1918

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

Age 19 Yrs. 4. Months

Height 5 ft 4½ inches.

Complexion Fair

Eyes Blue.

Hair Brown.

Marks or Scars

Nil.

William Millen
Signature of Soldier

R W Smart Lt.-Col.
Issuing Officer
O. C. 1st Depot Bn., E. O. Regt., C. E. F.

Rank

Appointment

Date of Discharge 28-11-18.

Signed at Belleville Ont this Twenty eight day of November 1918.

in Military District No. Three.

File Reference No.

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

Demobilization Particulars called for on back of Discharge Certificate well not be completed — 2 of 18/11/18
H 16 — F — 2 of
3 mD 6 — F — 501 of 21/11/18

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Bn., E.O. Regt., C.E.F.

Regimental No. 306044 00 Rank Pte Name Millen William Nelson

Enlisted (a) 6/6/18 Terms of Service (a) C.E.F. Service reckons from (a) 6/6/18

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

Extended Re-engaged Qualification (b) Farmer

Report		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				
29-11-18	1st Depot Bn E.O.R.	Discharged Bn.O. # 333 ~~DEMOBILIZATION~~ "Demob"	Belleville	28-11-18	L. C. Wood Capt. & Adjt. for Capt. & Adjt. 1st Depot Bn., E.O. Regt., C.E.F.

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

[P.T.O.

MEDICAL HISTORY SHEET.

Surname Millen *Christian Name* Wm Nelson

Examined on 2nd day of Feb. 1916
at Bancroft

Birthplace City or Town Ty Cardiff
County Haliburton

Apparent age 18

Trade or occupation Labourer

Height 5 Feet 4 Inches.

Weight 132 Lbs.

Chest measurement Minimum 32 inches.
Maximum expansion 34 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. Left.
Number None

When Vaccinated last None

(a) Marks indicating congenital peculiarities or previous disease None

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

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

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

Date	Result	Vaccinations.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
16/5/16	Good	J. McCullock M.O.
		M.O.
		M.O.

Enlisted on 2nd *day of* Feb. 1916 *at* Bancroft

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Bn. C.E.F.	426115		2.2.16.
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

50M—8-14.
H. Q. 1772—39—439.

Surname Mullen Christian Name W. Mulcora

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

Transfer to Registrar's Records.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

DUPLICATE

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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Belleville Ont. DATE Nov. 12/18.

1. 1 (a) Unit 1st. Depot E.O.R. (b) Regimental No. 3060400 (c) Rank Pte.

(d) Surname Millen (e) Christian name Wm. Nelson.

2. Age last birthday 19 yrs. Date of birth July 25/99

3. Enlisted at Barriefield Camp on June 6/18.

4. Personal description:—

(a) Height 5' 4½" (b) Weight 135 lbs. (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks

5. Address after discharge (for the use of the Board of Pension Commissioners)

Wilberforce Ontario

6. Former trade or occupation Farmer.

7. (a) Service

	Years	Days

	Periods	
	From	To
1st. Depot Battalion E.O.R.	June 6/18.	Date

(b) Has he been overseas? Yes. 8. Original disease or disability Congenital cataract on (Infantile) (Left eye) J.C.C.

(a) Date of origin ~~August~~ June 1918. Man first noticed eye in (b) Place of origin Ontario

(c) Cause* Unknown.

(d) Present disease or disability Congenital Cataract Left eye.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Subjective. Complains loss of sight in left eye.

Objective. Congenital or infantile cataract left eye. Can see shadows only Opacity in left lens is of long standing probably congenital.

signed Lt. Col. J.C. Connell.

M. F. B. 227. R. E = V = 20/80 not improved

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

Unfit when enlisted .Recommend discharge. J.C.C.

Man otherwise fit.

(b) Are the following systems normal ? If not, briefly state abnormality

Nervous Normal Digestive Normal Respiratory Normal Cardiac Normal

Genito-Urinary Normal Skin, Middle Ear, Eye or any other part As above.

10. History: (*a*) of Condition referred to in "a" section 9.

Man gives a history of injury to eye in June 1918 was in hospital under Dr. Connell's care. Story not corroborsted.

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service ?

No.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? 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 ? Probably permanent.

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

Hospital in June.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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.)

Military treatment not indicated.

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

17. Recommendations Fit Category E.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned Wm. Nelson Millen. 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

his
Wm. Nelson + Millen
mark
Signature of soldier examinea.

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 criticized.

Yes.

19. Is the soldier fit for

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

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

Military trearment not indicated.

(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).

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

Fit Category "E" .No disability due to service.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

E. Bunel Capt. A.M.C. *President.*

PLACE Belleville Ont.

W Blakely Capt. A.M.C. } Members.

DATE Nov. 12/18.

APPROVED BY

D.K. Mundell Major A.M.C.
For A. D. M. S. M.D. District No. 3.
Assistant Director of Medical Services.

DATE NOV 14 1918

APPROVED BY

Director-General of Medical Services.

DATE

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 soldier 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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Nov.
D
f 10 a/c 8

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3060400 Rank Pte. Name Millen, W. N.

Corps 1st Depot Bn., E. O. Regt., C.E.F. who was* DISCHARGED

On NOV 28 1918 191...., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Nov. 1st. 1918, to NOV 28 1918 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	10	00
Advances by Cheques No.			Regt'l Pay 28 days at $ 1.00	28	00
Advances by Cheques No. Cash	10	00	Field Allow. 28 days at $ .10	2	80
Assigned Pay and Sep'n Allce. No. Canteen	6	00	Separation Allowances* (Monthly)		
Other charges Q.M. Chgs.	15	93	Other Allowances* Clothing.	35	00
Payment on transfer or discharge No. 6068	43	87	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	75	80	Total	75	80

*Give particulars.

A monthly stoppage of $ Nil (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191.... and Sep'n Allce. for month of ..... 191.... (to) Assignee .....

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment June 6th 1918

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge ..... authority R.O. 1328

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date NOV 28 1918

Place BELLEVILLE

J M Thomson Capt.
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M—2-18.
H. Q. 1772-39-903.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

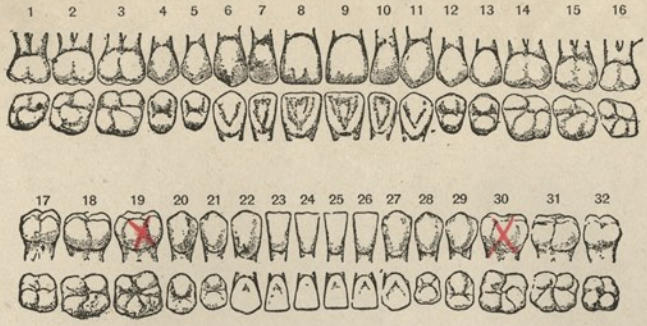
NAME OF SOLDIER Miller M. R.

REGIMENT C.A.D.R.

RANK Pte

No. 306400

M.F.B. 465.
20M—6-18.
1772-39-900.



INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1918																						
Nov 9																					Lt. R.A. Strachan	3	Incomplete

CASE HISTORY SHEET.

Ongwanafda Military Hospital. Kingston Ont. Station.

No. 3060400 Rank Pte Name Millen William Age 20

Unit 1st. E.O.R. Completed years of service (Where and how long) C. 3/12

Date of admission 27-8-18 Date of discharge 4-9-18

Diagnosis T.B. Suspect. Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

P.H. Man was rejected from the 109th. Batt. as having T.B. Lungs. Pleurisy in January 1918, at a Military Hospital in Toronto. Left side Pleurisy. No fluid. Made a good recovery.

P.I. Comes complaining of pains in the chest, especially severe on b both sides. Occasional cough. Been spatting blood three days. Spat blood in 1917. No PM sweats. No loss in weight. Fair appetite. Tires easily. Dyspnea on exertion.

P.E. Well nourished and developed.

Chest:- No evidence of any lesion old or recent. Glamds are enlarge

Heart:- Negative.

Reflexes:- Normal.

Abdomen:- Normal.

Eyes:- Cataract in left eye.

FAMILY HISTORY Mother sister and Father dead of T.B. lungs.

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE, To Unit. To return for X-ray. No plates at X-Ray

(and disposal made of case.) dept. No evidence of any lesion present.

Date 4-9-18.

W. Smith Capt.

Medical Officer i/c case.

M. F. B. 313a.
200M.-5-18.
1772-39-439.

C42652
C

CASE HISTORY SHEET.

K. General Hospital. Kingston Station.

No. 3760400 Rank Pte Name Mullen E. N. Age 20

Unit 1st Depot Completed years of service (Where and how long) One month In Kingston

Date of admission June 18, 1918 Date of discharge July 2/18

Diagnosis Traumatic Cataract Place of origin Kingston

CONDITION ON ADMISSION AND PROGRESS OF CASE Patient was admitted to hospital complaining of pain around the left eye, and on the globe, sight impaired in center.

Patient was hit in the eye with end of rope, hard enough to make his nose bleed. This happened on June 15-18. The left pupil shows an irregular shaped body ~~in~~ ~~pup~~ grey in color. The conjunctiva is somewhat inflamed

FAMILY HISTORY Negative
(Tuberculosis, mental or nervous diseases.) Negative

TREATMENT June 19/18 Atropine gtt. ii instilled in eye B. D. D.
(Especially any specific or special form)

CONDITION ON DISCHARGE, Unchanged
(and disposal made of case.)

Date July 2nd/1918. J. Sparks Capt AMC
Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1779—29,420

40495—
C

M.S.A. 15.

3060400

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Millen. Christian name William. Nelson.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) Wilberforce. Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 6 day of June 1918 by the undersigned medical board sitting at Barriefield. Ont.

5. Age as stated 18 Years 11 Months. 6. Apparent age 19 Years Months
7. Height 5 Feet 4½ Inches. 8. Weight 135 Pounds.
9. Chest measurement Minimum 32 Ins. Maximum 34 Ins. 10. Complexion Fair. Eyes Blue Hair Brown
11. Physical development Good. (Good / Fair / Poor) 12. Smallpox marks Nil
13. Number of vaccination marks Right arm Left arm One. 14. When vaccinated last One year ago.
15. Distinctive marks and marks indicating congenital peculiarities or previous disease
16. Slight defects but not sufficient to cause rejection

The man denies having had Rheumatism / Tuberculosis / Syphilis (Strike out disease admitted or suspected.) We find no evidence of past Rheumatism / Tuberculosis / Syphilis

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A.2. V.R. 20/20 V.L. 20/20 Hearing. R&L. N. Farmer.

J. H. Ryan Capt. President.

Arnot Reid Capt. A.M.C. Member. S. F. Tickbrue Lieut. Capt. & Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 6th day of June 1918 at Barriefield Ont.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Barriefield Belleville	Aug 1/18 12-11-18.	Eyes at R.C. R. E. V. 20/20 not improved L. E. V. 20/80 congenital or infantile cataract. Shows only light when [illegible] (Signature illegible)	a ii O. Blakely Capt. J. H. Ryan Capt. "E" Ewart Capt. O. Blakely Capt.

N.B.—This sheet is 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.

Signature of Man W. M. Millen his mark

Surname Miller Christian Name Robert Nelson

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
K. G. H. Kingston		18	6	18	2	7	18	Traum. Cataract	14	– Cry standing Condition	J. C. Connell Capt

M. F. W. 71.—500M.—5-16.
1772—39—961.

NAME Millen William Nelson,

REGIMENTAL No. 3060400 RANK Pte.

ENLISTED AT Barriefield Camp, Ont. PROMOTIONS, &c. AND DATE

DATE June, 6th. 1918.

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single.

NEXT OF KIN William Millen. RELATIONSHIP Father.

ADDRESS OF Wilberforce, Ont.

ASSIGNMENT OF PAY $12.00 c. TO Wm Millen

ADDRESS Wilberforce, Ont.

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O.		REMARKS IF IN HOSPITAL, STATE NAME &c.
	No.	DATE	

LEDGER NO. ..... SERIAL NO. C 42682

REG. NUMBER 3060400 NAME Quillen William

RANK Pte CORPS 1st E&R

AGE 20 SERVICE 3/12

NAME OF HOSPITAL Ongwanadabid PLACE Kingston

DATE OF ADMISSION 27-8-18

DISEASE T.B. Susp

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO unfit 4-9-18 IN CATEGORY

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS:

H. Q.

M. D. No. 3

Surname Millen

T. O. S. June 6 1918

Christian names William Nelson

D. O. Pt. II 158 of 7-6-18

Regtl. No. 3060 4.50 Rank Pte.

S. O. S. 28-11-18 19

Unit Eastern Ont. Regt. 1st Depot Bn.

Reason Demob

Auth. D.O. 333 of 29-11-18 1/E of P

NDB

Next of kin Millen William

Relationship Father

Address Wilberforce Ont.

Also notify:

BORN—Place Canada Cardiff Ont. Date Nov. 24th 1897

ATTESTED—Place Barriefield Ont. Date June 6th 1918

O/S

R/C

W. 22—75M-5-18. 1772-39 839.

No. 3060400 RANK Pte NAME Millen U. N.

T. O. S. 6-6-18 UNIT 1st Depot Bn. E. O. Regt.

Do 1587-6-18

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 June 6	1918. June 30	"		

726115
Wm Tudson
Millen

This space to be for numbers.

Proceedings on Discharge.

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

No.	726115
Rank	Private
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	William Nelson Miller
Corps (Squadron, Battery or Company)	109th OVERSEAS BATTALION, C. E. F.
Date of Discharge	June 8th 1916
Place of Discharge	Barnefield Camp

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	18 years	small scar on right knee
Height	5 feet 4 inches	
Complexion	Fair	
Eyes	Blue	
Hair	Dk Brown	
Trade	Laborer	
Intended place of residence (To be given as fully as practicable.)	Wilberforce Ont	

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

Authority = Medical Board - 8-6-16.

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

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

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

Good

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

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

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

none

M. F. B. 218.
15m.—10-15.
H. Q. 1772-39-113.

(OVER)

Boarded 21-6-16

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

none

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

6. Medals and Decorations ..... None

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

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

(Place) Bamfield

(Date) June 8-16

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

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

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

(Place) Bamfield W. H. Miller (*Signature of Soldier.*)

(Date) June 8-16 J. McLaughlin (*Signature of Witness.*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Bamfield

(Date) June 8-16

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

Reservations referred to at Para. 8.

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

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263.
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a.
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia Form	B. 313
Medical Report for Invalid*	"	B. 227.
Statement of Man's Account on Transfer and Last Pay Certificate,	"	D. 877.

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form	B. 235.
Proceedings on Discharge	"	B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

ATTESTATION PAPER.

No. 726115

109th OVERSEAS BATTALION, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUADRUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Millen
1a. What are your Christian names? — William Nelson
1b. What is your present address? — Harcourt
2. In what Town, Township or Parish, and in what Country were you born? — Sp. Cardiff, Hal. Co. Ont.
3. What is the name of your next-of kin? — William Millen
4. What is the address of your next-of-kin? — Harcourt
4a. What is the relationship of your next-of-kin? — Father
5. What is the date of your birth? — Nov. 24 1897
6. What is your Trade or Calling? — Labourer
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? If so, state particulars of former Service. — No.
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, William Nelson Millen, 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.

His mark William Nelson Millen (Signature of Recruit)

Date Feb. 4 1916. E. F. Landry Lieut. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Nelson Millen, 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.

William Nelson Millen (Signature of Recruit)

Date Feb. 4 1916. E. F. Landry Lieut. (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Highland Grove this 4 day of Feb 1916

Alfred G. Tate (Signature of Justice)

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

Description of William Nelson Millen on Enlistment.

Apparent Age 18 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4 ins.

Chest measurement:
- Girth when fully expanded 34 ins.
- Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair D. Brown

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

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

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

Small scar on right knee

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 Feb. 2nd 1916.

Place Bancroft

J. McCullock Capt.
Medical Officer
109th Overseas Battalion, 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.

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

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

Date FEB 8 1916 191

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 126115 Rank Pte. Name Mullen William Nelson

Enlisted (a) 4-2-16 Terms of Service (a) D of war Service reckons from (a) 4-2-16.

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

Extended Re-engaged Qualification (b)

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				
10-6-16	109th.	Discharged "Medically unfit."	Borrefield Camp	8-6-16	pt. II No. 174.

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

[P.T.O.

Capt for Maj R.

from Historical Sec. placed with personal documents 31st Aug 34 WEHS

MEDICAL HISTORY OF AN INVALID.

1. Station. Barnefield
2. Regiment or Corps. 109th Battn
3. Regimental No. and Rank. 72615
4. Name. Wm Miller — N. Miller
5. Age last Birthday. 18
6. Enlisted on Sept 2 1916
   at Highland Grove
7. Former Trade or Occupation. Labourer

8. General remarks on his :—
   (a) Conduct. Good
   (b) Habits. Good
   (c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. 6 June 1916

9. Service.

	Years.	Days.	PERIODS. From.	PERIODS. To.
109 Batt C E F			2-2-16	6-6-16

10. (a) Disease or disability. Cataract of right eye
    (b) Date of origin. Previous to enlistment
    (c) Place of origin. Unknown
    (d) Cause. Unknown

11. Present Condition. (Most Important)
    (To include full description of present disabling condition or conditions.)
    Man has marked cataract of right eye and cannot pass test with left eye.

12. (a) Is the disability the result of service or climate? No
    (b) Has it been aggravated by intemperance, vice or misconduct? No

M. F. B. 227,

100 M—2-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.) None

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held? Nil

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise. No

14. Treatment None

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? No

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? Permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. None more than before enlistment

18. State if for discharge on account of unfitness for Service. yes

R. R. Goodbrey
Captain

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. yes

11. yes

12. yes

15. yes

16. yes

17. yes

19. Is he unfit for Military Service. yes

20. Recommendations: He is medically unfit and be discharged at once from service

Signatures :— [illegible] Capt. President.

E. B. Moles

W. H. Bliche

Members.

Station.

Date. JUN 6 1916

Date. [illegible] Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

Militia Form B. 227.

100 m-5-16.
H. G. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

.....

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.....

.....

.....

.....

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.....

.....

Date of final Medical Board or decision. } .....

Administrative Medical Officer.

No. 726115 RANK Pte NAME Miller W. Millen. M.

T.O.S. 2-2-16. UNIT 109th. Battalion.
D.O.B. 9-2-16.

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb. 2	1916. Feb. 29	✓		
Mar.		✓		
April.		✓		
May		✓		
June. 1.	June 8.	✓	Discharged. 8-6-16.	D.O. 144. of 10-6-16
				UNIT SAILED JUL 23 1916
			To closed by charges. S.	

Triplicate SPECIAL

ATTESTATION PAPER.

No 87118

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	MILLEN
1a. What are your Christian names?	William Nelson
1b. What is your present address?	Harcourt Ontario
2. In what Town, Township or Parish, and in what Country were you born?	Cardiff Haliburton Ontario
3. What is the name of your next-of kin?	Mr William Millen
4. What is the address of your next-of-kin?	Harcourt Ontario
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	November 24th. 1898
6. What is your Trade or Calling?	Laborer
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? If so, state particulars of former Service.	109th. Discharged on account of (of eyes)
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, William Nelson Millen, 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.

his
W Nelson + Millen (Signature of Recruit)

Date February 3rd. 1917 191 . Geo. E. Fleming (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Nelson Millen, 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.

his
W Nelson + Millen (Signature of Recruit)

Date February 3rd. 1917 191 . Geo. E. Fleming (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 3rd. day of February 1917 191 .

Thos Stewart (Signature of Justice)

A Notary Public

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

br\8

Description of William Nelson Millen on Enlistment.

Apparent Age 18 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 ins.

Chest measurement:
- Girth when fully expanded 32½ ins.
- Range of expansion 2½ ins.

Complexion Fair

Eyes Blue

Hair Light Brown

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

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

Vac. Maks.

One on left arm

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date February 3rd 1917 191 .

Place Lindsay Ontario

G. Graham
Capt. A.M.C.
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.

William Nelson Millen 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.

J. J. Gibson (Signature of Officer)

Date February 3rd 1917 191 .

SPECIAL

To be made out in duplicate.

H.Q. 54-21-23-53

ORIGINAL.

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: 252nd Battalion, C.E.F.

(2) Regimental Number: 1087118.

(3) Full Name of Soldier: MILLEN, William Nelson

(4) Place of Birth: Harwood, Victoria Cty, Ont.

(5) Are you married, or not? No

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

(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: --

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address William Millen, Harwood, Ont.

(10) Is your Mother alive? No

If so, state name and address --

(11) If your Mother is a widow --

Are you her sole support, or not? --

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

---

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

---

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

--

15) Are you insured? -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.

Major
Acting *Officer Commanding.*
252nd Battn. C.E.F.

Date May 10th, 1917

PARTICULARS OF DISCHARGE.

1. Name Mullen, William Nelson

2. Regimental Number 1087118 3. Rank Pte

4. Corps No. 3 S.S. Co

5. Date of Discharge 1/6/17

6. Place of Discharge Kingston

7. Place to which transport given. (Give street address where possible.)

Address — Harcourt — (Mother) William Mullen.
Enlisted — Lindsay 6/2/17

8. Description at time of Discharge :—

Age 18 years 2 months. Descriptive marks

Height 5 feet 5 inches. 1 Vacc Mark on L Arm

Complexion Fair

Eyes Blue

Hair Lt Brown

Trade Laborer

9. The above named man is discharged in consequence of

Being a Deserter

(If medically unfit, state nature of disease or disability.)

10. To what extent will it prevent his earning a full livelihood?

Not stated

11. Character

Not stated

Date 28/12/17

BG

i/c Records.

M. F. W. 60
100M.—8-16.
H. Q. 1772-39-928

SPECIAL

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 252nd. O. S. BATTALION, C. E. F.

Regimental No. 108748 Rank Pte Name William Nelson Miller

Enlisted (a) 3/2/17 Terms of Service (a) War + 6 months C. E. F. Service reckons from (a) 3/2/17

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

Extended Re-engaged Qualification (b) 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				
12-6-17	#3 S.D.B.O.	T.O.S. on transfer from 252nd. Bn	Barriefield Camp.	2-6-17	pt. II No. 140
5-7-17	" "	pt. II No. 140 of 12-6-17 should read T.O.S 1-6-17	" "	1-6-17	pt. II No. 160.
22-9-17	" "	S.O.S "Deserter".	" "	22-6-17	pt. II No. 227

O.C. Paymaster

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

[P.T.O.

bact for D of R

SPECIAL

FORM OF WILL

I, William Nelson Miller (Name in full)

Regimental Number 1084118 serving in 75 2nd D S Bn

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

I devise all my real estate unto

my Father, William Miller, Harcourt Ontario.

(Name and Address of person or persons to whom it is to go.)

absolutely, and my personal estate I bequeath to

my Father, William Miller aforesaid

(Name and Address of person or persons to receive personal estate* (*See note*).)

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 10 day of May A.D. 1917.

his + mark W. N. Miller Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness J R Roberts

Address of Witness 16 Milton St ~~Davson~~ Birkenhead Eng.

Occupation of Witness Stenographer.

Signature of Second Witness Geo W Davison

Address of Witness 1441 Alexander Ave. Montreal

Occupation of Witness Shipper

M. F. W. 82.
300M.-12-16.
1772-39-983.

Original.

1087/118

MEDICAL HISTORY SHEET.

Surname MILLEN *Christian Name* William Nelson

SPECIAL

Examined { on 3rd. day of February 1917 / at Lindsay Ontario

Birthplace { City or Town Harcourt / County Ontario

Apparent age 18 Years

Trade or occupation Laborer

Height 5 Feet 5 Inches.

Weight 120½ Lbs.

Chest measurement { Minimum 30½ inches. / Maximum expansion 32½ inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. 1 / Number 1

When Vaccinated last 1916

(*a*) Marks indicating congenital peculiarities or previous disease

None

(*b*) Slight defects but not sufficient to cause rejection

None

Approved by G. Graham

Rank Capt. A.M.C. M.O.

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

Date.	Result.	Vaccinations.
3/5/17	Good	G. Graham M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
9/3/17	Good	G. Graham M.O.
21/3/17	Good	G. Graham M.O.
2/4/17	Good	G. Graham M.O.

Enlisted on 3rd. *day of* February 1917 *191* *at* Lindsay Ontario

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Mullen Christian Name Wm. Nelson

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

649-M-6354

CARD NO. X

SURNAME. Millen

S.O.S.-Dev. 1-6-17 3
FOLL.

CHRISTIAN NAMES William Nelson

REGL. No. 1087118 RANK Pte

UNIT ~~252 Bn.~~ No 3. Spec Serv Co. ~~Bn.~~

FORMER CORPS 109th Bn.

NEXT OF KIN.

NAMES IN FULL Millen, William

RELATIONSHIP TO SOLDIER Father

ADDRESS Harcourt, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Cardiff, Ont DATE Nov. 24th 1898

PLACE OF ATTESTATION Lindsay, Ont. DATE Feb. 3rd 1917

Prev. att. in 109th 726115. 4/3/17
S.O.S. D.S.M.U. 8-6-16. 3

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

Trans from 252nd Bn to No 3 Spec Serv. Co. Auth A.H.Q. 16-1-58. Letter M.D 3. 31-7-17

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Labourer RELIGION Methodist.

DESCRIPTION.

APPARENT AGE 18 YEARS 2 MONTHS

HEIGHT 5' FEET 5' INCHES

CHEST MEASUREMENT 32 ½ INCHES EXPANSION 2 ½ INCHES

COMPLEXION Dark. EYES Blue HAIR Light brown

DISTINGUISHING MARKS Vacc. marks one on left arm

MEDICAL EXAMINATION. PLACE Lindsay, Ont. DATE Feb. 3rd 1917

Present Address. Harcourt, Ont.

No. 1087118 RANK Pte NAME Milen W. M

T. O. S. UNIT Special Service Battalion #3 St Boy

Transfd from 25-2nd Bn 2-6-17
RO 140 of 12-6-17

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
June 2	June 30	"		
July		"	RO 140 should read TOS 16-6-17	RO 160 of 5-7-17
Aug		"		
Sept.		"	Left Deserter 22-6-17	RO 227 of 22-9-17

No 1087118 RANK Pte NAME Millen, W. N.

T. O. S. 3-2-17.
Dl. 31 of 6-2-17,

UNIT 25-2nd Battalion.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917,	1919			
Feb 3	Feb 28	✓		
mar		✓		
apl		"		
may		"		