

109TH BNC
ATTESTATION PAPER.

"C" Coy.
No. 725570

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

DUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname?..... *Miller*
- 1a. What are your Christian names?..... *Herbert*
- 1b. What is your present address?..... *Cameron R.R. no 1*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Rosedale, Sommerville Township*
- 3. What is the name of your next-of-kin?..... *Sarah Miller*
- 4. What is the address of your next-of-kin?..... *Fenelon Falls no 1*
- 4a. What is the relationship of your next-of-kin?..... *mother*
- 5. What is the date of your birth?..... *28th February 1895*
- 6. What is your Trade or Calling?..... *farmer*
- 7. Are you married?..... *no*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes*
- 9. Do you now belong to the Active Militia?..... *no*
- 10. Have you ever served in any Military Force?..... *no*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Herbert Miller*, 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.

Date *22nd Dec* 1915. *Herbert Miller* (Signature of Recruit)
H. Hutchins Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Herbert Miller*, 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 *22nd Dec* 1915. *Herbert Miller* (Signature of Recruit)
H. Hutchins Capt (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 *8th* day of *January* 1916.
[Signature] (Signature of Justice)

Description of Herbert Miller on Enlistment.

Apparent Age 20 years 10 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 7 ins.

Chest measurement { Girth when fully expanded 36½ ins.
 Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Light Red

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

Scar on left knee cap.

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 22 Dec 1915.

Place Lindsay

J. McCulloch
 Medical Officer. Capt.

*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.

Herbert Miller 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.

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

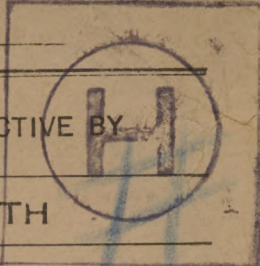
Date JAN 15 1916 1916.

REGIMENTAL DOCUMENTS

2-6-19

Pte **MILLER HERBERT**

REGT. NO. **725570** UNIT **109 Bn** H. Q. FILE NO.



5

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

DEATH

Category

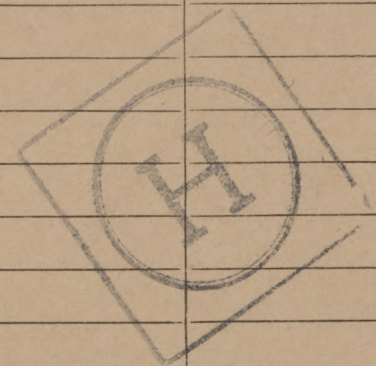
21632

DISCHARGE

Category

Discharge

DESERTION



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

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

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

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

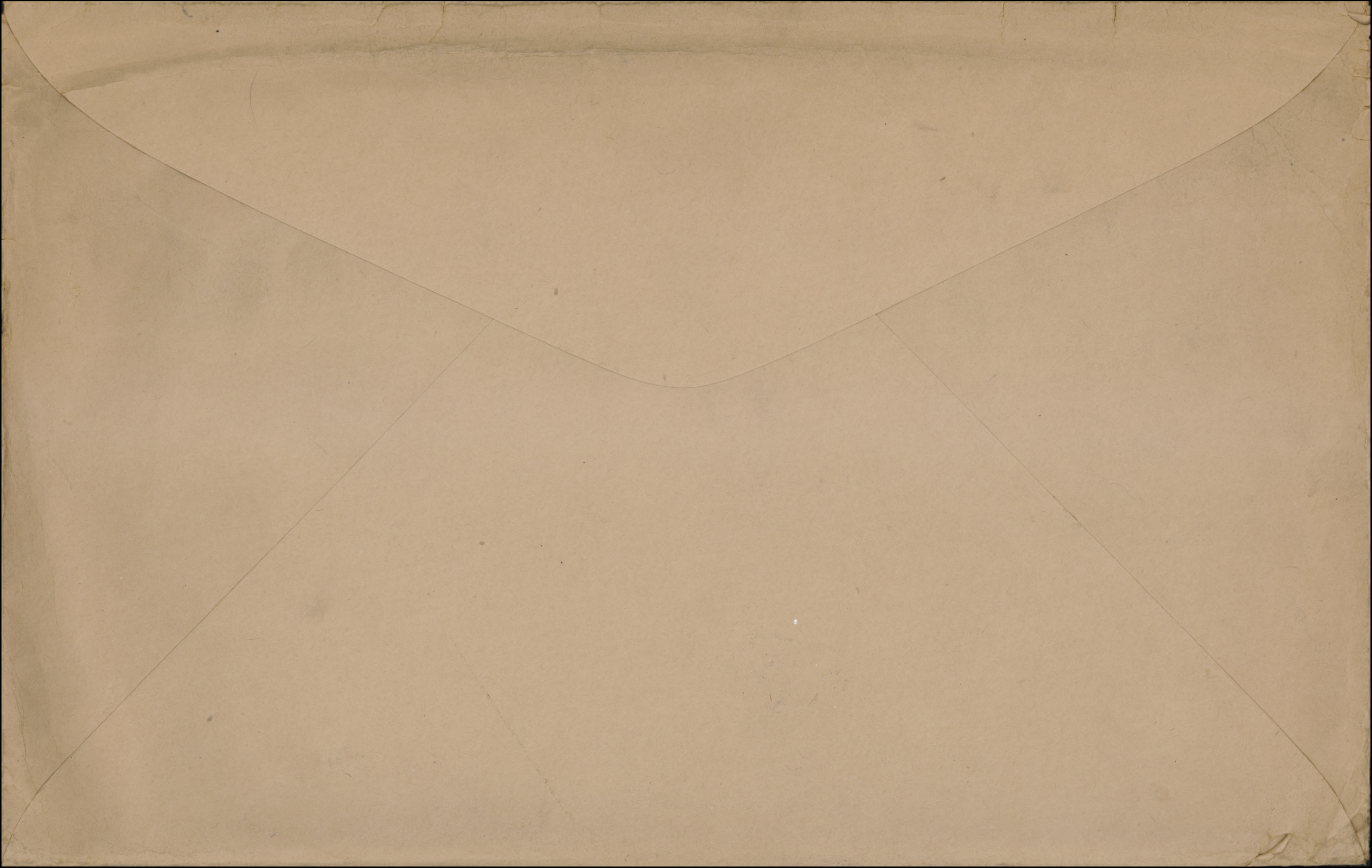
2 case

47 ——— 13

28 ——— 13

7 . 13

4



Name MILLER Herbert Rank Private

Reg. No. 725570

Unit 21st Battalion

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
17-12-16	Rept From Base	To Field	Amb Sick	A406		
23-12-16	23x 6. B.R.C.Hosp	Etaples	Pyrexia	U.O.Mild	A407	
7-1-17	DO 6. Con Depot	Etaples	Do	A415		
10-1-17	Do. 5. Con Depot	Cayeux	Do	B249		
4-3-17	Do Discharged To Base	Depot Havre	Do.	A462		
16-8-17	2. S.H. Abbeville	GSW L. Shdr.	A592	M.5946	25-8.	
21-8	Berrington W.H.Nr.	Shrewsbury	do	B432		
8-9-17	<i>Mil. Camp H. Excess</i>		<i>do</i>	<i>B8.</i>		<i>1743</i>
28-9-17	<i>Discharged</i>		<i>do</i>	<i>B27</i>		<i>502.</i>

Name Miller ✓

Rank

1st

Reg. No. 725570 ✓

Unit

6th Aero Bn 21 BATT. ✓

ONT. BH

Next of Kin

Canada.

S. MILLER, (MOTHER) # 1 FENELON FALLS. Ont. ✓

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28-11-17	14 Can G. H. Eastbourne	Diphtheria	(77)			2860.
31-12-17	Discharged		do	0100		8158.
	<u>JWS</u>					
28-8	<u>MISSING AFTER ACTION</u>			0358		6684 4574
	P.O. 88 of 26-10-18					P.W. 239
	Reported, P of W. of Geflg. <u>TARCHIM IN MECKLENBURG.</u>			0380	0768	
1.1.19	Now Released & arrived at Rifon Camp			0410	0768	765



ADMITTING CARD.

Regt. No. 725570 A. & D. No. 264
 Rank Pvt
 Name Miller N.
 Corps 6th Recon Bn B.
 Religion Pres Age 22
 M. H. Rec'd _____ M. H. Requested _____ M. H. Ret'd _____
 Disease Dysentheria
 Admitted 27 NOV 1917 at
 Discharged 8 DEC 1917 A 6th Regt Bn
 Place in Hospital Casthouse Isolation
 Transferred _____

23
12

P.T.O.
No

REMARKS:

MEDICAL HISTORY SHEET.

Requested			
From	Date	Reply	Date
1			
2			
3			
4			

Orig. Dup. Recd. from 6th. Co. Res. Bn. 27 11/1917.

Orig. Dup. Sent to H. R. 29/12/1917

Recd. from Regr. this Orig. Dup. 1 / 19

Ward

29 DEC 1917

original
 W. E. Schenck

for 73
SURNAME. *Miller*

313
CARD NO.
SOS 1000 14-5-14 10cm. ob
Do. 136 of
FOLL. 16-5-19
#3 1918

CHRISTIAN NAMES *Herbert.*

REGL. No. *725570* RANK *Pte.*

UNIT *109th* Batt.

FORMER CCPPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Miller, Mrs. Sarah.*

RELATIONSHIP TO SOLDIER *Mother.*

ADDRESS *R. R. No. 1, Fenelon Falls, Ont.*

COUNTRY OF BIRTH *Canada, Rosedale, Ont.* DATE *Feb. 28th. 1895.*

PLACE OF ATTESTATION *Lindsay, Ont.* DATE *Jan. 8th. 1916.*

Sailed from Halifax Per. SS.



R/C 13/5/19 $\frac{316}{48}$ Pte

L. L. 90-89.-M. & D. 6312 *"Olympic" 23-7-16 $\frac{488}{24}$.*

M. F. W. 22. 100m.-1-16. H. Q. 1772-39 839.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

20 YEARS

10 MONTHS

HEIGHT

5 FEET

7 INCHES

CHEST MEASUREMENT

36 1/2 INCHES

EXPANSION

4 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Lt. Red

DISTINGUISHING MARKS

Scar on left knee cap.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Dec. 22nd. 1915.

REGT'L NO 725570
 H. Q. FILE NO. 649-

NAME Miller Herbert

RANK AND CORPS Pvt. 21st Bn. C. E. F. for. 109th Bn.

FOLLOWS
 NO. (th. Bn.)
 FOLLOWS

CABLE		NATURE OF CASUALTY
No.	DATE	
<u>7M5946</u> <u>92-4</u> <u>OK</u>	<u>25-8-17</u>	<u>C.</u> Adm. No. 2. Stat. Hosp. Abbeville Aug. 16, 1917. (U. S. W. left shoulder) ✓ Mrs. Sarah Miller (mother) P. R. No 1 Fenelon Falls Ont.
<u>Q689</u> <u>4-2</u>	<u>1-11-18</u>	Rept. miss. Aug. 28, th 1918.
<u>0768</u> <u>3-4</u> <u>ALA 3801</u>	<u>26-11-18</u>	Prev. rept. miss. near P. of W. Parchim. (Unit shown as 38th Bu.)
<u>H604</u> <u>9-6</u>	<u>7-1-19</u>	Repat. P. of W. arrived in Eng. Jan. 1st. 1919.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A406	Rep. from Base	14-12-16	Sick to Fld Amb.
A407	Br. R. Cross, Etaples	23-12-16	Pyrexia U. O. Mild
A415	Com. Depot Etaples	7-1-17	Pyrexia U. O.
A417	Com. Depot Etaples	10-1-17	Pyrexia U. O.
A462	Disc. to Base Depot, Nare	4-3-17	" " " Mild
A592	#2 Stat, Abbeville	16-8-17	Gsw L. Shoulder
B432	Berrington Way, Shrews.	21-8-17	Gsw L. Shldr. 1-10-17
B8	Can Com Wdcote Pt		
	Epsom Surrey	8-9-17	Gsw L. Shoulder ¹²⁻¹⁰⁻¹⁷
B27-2	Discharged	28-9-17	Gsw L. Shldr. E. Ant. Reg. ²⁵⁻¹⁰⁻¹⁷
B77	Can Com Eastbourne	28-11-17	Diphtheria
B100	Disch.	31-1-17	" U. O. Q.
A358	Rept. from Base	28-8-18	missing
B412	Repat. P. at or arrived Ripon	1-1-19	

a. m. m.
SM

~~B~~
~~X~~

Number. 725.570 . . . Rank. Pte.

Surname. MILLER

Christian Name. Herbert

Units. 21st Can. Coy. Inf. . . . Theatre of war. France

Date of Service. . . . 5-10-16

Remarks. Victoria

Latest Address. ~~Fernside Falls~~

Ont.

Roll No. "B" Page 5664.

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROM

PAID
TO

SIG.
OR
REC'T

PARTICULARS

AUTHORITY

DESP. NOV 24 1921
REGN. NO. 8859578

Hut 16. 7.36.

Corps.	Unit.	Rank.	Reg. No.	Surname.	Christian Names.
Canadian	21 st	Pte.	725570.	MILLER.	Herbert.

Date of Capture.	Place Captured.	Last Place of Internment.	Born in the year	Term of Service.	Date of Enlistment.	Married or Single.
27-8-18.	Attas.	Hamelu.	1895.	N.A.	22-12-15	S.

Medical Category.	Address.	Date of Arrival at the Camp.	Date of Departure from the Camp.	Industrial Group.	Trade or Occupation.
E	Depôt.	1-1-19.	2-1-19	1.	Farmer

For Repatriation Overseas after the War.	
Yes.	Fenelon Falls. Ontario.



Surname **Miller** Christian Name or Names **H.** Reg. No. **72 5570**
 Rank _____ Unit _____ Co. _____ Troop _____ Batty _____
Pte 21st Bn **E. Out. R. (6 R) C.O. 21**
 Hospital _____ **6 British Rd. + Etaples.** Date of Admission **23-12-16**

Transferred _____ Hosp. _____
6 Conv Depot Etaples Hosp. **7-1-17**
5 Conv Depot Cayeux Hosp. **10-1-17**
3 Staty. Abbeyville Hosp. **16.8.17.**

Diagnosis **Pyrexia S. O. mild.**
 (1) _____
 Later Diagnosis (if changed) **G.S. W. L. Shldr. B.**
 (2) **Diphtheria. A**
 (3) _____

Additional Diagnosis: if more than one state present

R. E. B. Missing. 28.8.18

Now Rep Prisoner of War at Parchim
Mecklenburg

DISPOSITION **now Repatriated arrived at Ripon 7-1-19** Date _____

DISPOSITION	REMARKS
G. I. 3-1-17 A406	
" 4-1-17 A407	Rept from Base to F.A.
16-1-17 A415	Sick 17-12-16
18-1-17 A417	Bis. to B. Dep. 4.3.17
14.3.17 A462.	Dis 28-9-17
25.8.17 A592.	" 31-12-17.
29-8-17 B432	
" 12-9-17 B380	
" 4-10-17 B324-21	
" 3-12-17 C77	
3-1-18. G. 100.	
30.10.18 A358.	A.M.D. 2 Dept.
25. 11. 18 A380	Dep. of D.G.M.S. O.M.F.C. London
6-1-19 B410	

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1. Barrington War S Krawsberg 21-8-17
Can. Gov. Epsom. 8-9-17
14 C. & H. Eastbourne. 28-11-17

2.

3.

4.

5.

6.

7.

Casualty Form - Active Service.

Regiment or Corps 21st Canadian Battalion.

Rank Plt Surname Miller Christian Name H.

Religion Age on Enlistment years months

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

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and rate

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ..			
	<u>2 C.C. B.D.</u>	<u>Arrived & Taken on Strength</u> <u>21st Canadian Battalion.</u>	<u>2 C.C. B.D.</u>	<u>29-3-18</u>	<u>Part II Ord. 44/18</u> 23
	<u>2 C.I.B.D.</u>	<u>Left for C.C. Rein. C.</u>	<u>Field</u>	<u>3-4-18</u>	<u>NR</u>
	<u>C. C. Rein. C.</u>	<u>Arrived. Can. Corps</u>	<u>Rein. Camp.</u>	<u>3-4-18</u>	<u>NR</u>
	<u>D.</u>	<u>Left for</u>	<u>Unit</u>	<u>10-4-18</u>	<u>NR</u>
<u>20/4</u>	<u>21st BATTALION</u>	<u>JOINED UNIT</u>	<u>21st BATTALION</u>	<u>12-4-18</u>	<u>B 213.</u>
<u>7/9</u>	<u>Do</u>	<u>Wounded and admitted</u>	<u>Hospital</u>	<u>28-8-18</u>	<u>B-213</u>
<u>23/10</u>	<u>Do</u>	<u>Missing after action &</u> <u>S.O.S accordingly.</u>	<u>Field</u>	<u>28-9-18</u>	<u>(K2.17-1236)</u> <u>Part II Ord. 88</u> <u>26-10-18</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing Smith, &c.

Whogyan Major for Lt. Col., A.A.G.
P.T.O.
Canadian Section. G. H. O. 3rd Echelon B.E.F.

Report	Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
	25-11-18	F.O.R.	Two neta Missing near neta. Dept. at Cantonment Muckaling			C.S. A. 380
	6-1-19	"	Rajapetia Pris. of War arrived at	Ripon	1.1.19	C.S. B. 410
	9-1-19	"	T.O.S. Rajapetia Pris. of War of was arrived at Ripon. Using		1.1.19	C.S. A. 380
	1-2-19	C.O.R.D.	One Lt. Ripon	Seaford	5/2/19	C.S. A. 380
	5-2-19	O.C. 6th Regt	attached from the	Seaford	3-2-19	P.T. B. 27
	31-3-19	O.C. 6th Regt	ceased to be attached	Seaford	25-3-19	P.T. B. 72
	17.4.19	Obkth Co.	on posting from C.O.R.D. to the Bolls. and T.O.S.	Seaford		
			Young Lt. Ripon	Seaford		
			attached			
			"CASSANDRA" 2			
			MAY 1919			
			attached			
			attached			

for Major's/c Records. D.M.F.C.

Remarks
Taken from Army Form B.213, Army Form A.36, or other official documents.

Place of Casualty
Date of Casualty

From whom received

Date

Signature
1919

Signature
1919

for records

Sheet No. 1

W.S.R

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

M. F. W. 54. (A. F. B. 153.)

Casualty Form—Active Service.

250M.—1-16
H. Q. 1772-39-920.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 425540 Rank Private Name Miller Herbert

Enlisted (a) 22.12.15 Terms of Service (a) D of W. Service reckons from (a) 22.12.15

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) Farmer

W.S.B. CLASS "A"

CERTIFIED CORRECT.
OCT. 1916
CAN. REG. OFF. 109th

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A, 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada	Halifax	24.7.16.	
		Disembarked England.	Liverpool	31.7.16.	
		Transferred for Overseas Service with 21st Batt'n		5 1916	D.O. Pt. 11. No. 279 Capt. ✓
					ADJUTANT 109th Overseas Battalion, C. E. F.
	C.B.D.	Arrived & Taken on Strength	C.B.D.	6/10.	Pt. II. O. 58. 9/9-10-16.
	Do.	Left for unit.	en route.	29/10.	N.R. 20-10-16.
		Joined unit.	21st BATTALION	22/10.	ADJUTANT, 109TH BATTALION CAN. INFANTRY.
		Sick to F.A.	FIELD.	17/12/16	B. 213. 27/10.
		P.V.O. adm.	G. B. R. C.	23/12/16.	" 22/12/16. 246. 29/12/16.
		Myalgia back & legs adm.	4 C.F.A.	18/12.	W. 3034. 23/12/16.
		Do Do. F.C.R.S.	4 C.F.A.	18/12.	A36 23/12 D.C.S. 248. 4/1/17.
		Do Do trans to.	6. Con'Dep'	7/1/17.	a 36. 23/12. D.C.S. 250. 9. 1. 17.
		Do Do adm.	Do.	7/1/17.	W. 3034. 7/1/17.
					Do 7/1/17

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

725570.

Miller. H. Pte.

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			
	5. Con Depot. Myalgia (adm)	5 Con Depot.	5/1/17.	W 3034. 5/1/17.
	6. Con Depot. DO. 93. to	- Do -	10/1/17.	" 10/1/17.
	22. C.C.S. Pyrexia. to	12. A.T.	22/1/16	a36. 24/1/16. D.C.S. 259. 27/1/17
3/2/17	4. C.F.A. Myalgia back & legs adm	H. C.F.A.	18/12/16	a36. 17/1/17. D.C.S. 271. 28/1/17
	Do. Do. Do. adm	Do	18/12/16	a36. D.C.S. " "
	Do. Transferred to	22. C.C.S.	20-12-16	a36 10/2. D.C.S. 276. 12/3/17.
	5. Con Dep. Myalgia. adm	5. Con Dep.	5-1-17	W3034.
	Do. Do. to	Base Details	4-5-17	W.3034.
	C.B.D. Taken on from 5. Con Dep. "A".	C.B.D.	17-3-17	N.R. 1/3.
	Do. Left for 2nd Canadian Entrenching Bn.	2nd Ent. Bn	19-3-17	N.R. 19/3.
	2nd Ent. Bn. Arrived from C.B.D.	2nd Ent. Bn	21-3-17	N.R. 243.
21/4	21st Battr. Left to join unit at duty from hospital	En route	14-4-17	N.R. 144.
		Field	14/4	B-213
27/8	2. Staty. G.S.W. Shoulder, pent. Invalidated and posted to Eastern Ont. Regt. Depot, per HS "Grant. Cle."	Seaford,	20/8	W.3083. Pt.2. O. 81. ✓
		Whogau		Major for Lt-Col. A.A.G. Canadian Section G.H.O. 3rd Echelon B.E.F.
3-9-17	600RD SOS+ posted from 1st Bn	Seaford.	20 8-17	Pt 0175 ✓
5-10-17	P.O. 6th Res. J.M. 6th Res on posting from Et RD	Seaford	28-9-17	FOR LT: COL: I/C RECORDS, C.O.M.F. Lt # 235 + 6. O. R. D. Pt # 175 4/3/17
4-1-18	P.O. 6th Res. Granted permission to wear one good conduct badge.	Seaford.	22/12/17.	Pt # 3. ✓
MAR 29 1918	O.C. 8th CAN RES. BN. DRAFTED TRANSFERRED TO	Seaford	MAR 28 1918	PART II No. 76. P. ✓

OFFICER I/C RECORDS 8th CAN. RES. BN.

2nd Record Sheet

Rank

Name

MILLER Herbert

Reg'l No.

725570

Unit

109th Ste

If in perm. Corps,
What Unit?

Married or Single

Single

Place and Date of Enlistment

Lindsay 22nd Dec 1915

Place of Birth

Rosedale
Somerset, T.P.

Name and Address, Next-of-Kin

Sarah Miller No 1 Fenelon Falls Ont

Relationship

Mother

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

W/E. R.B. No 15585
File R.L.
Category Can OR.

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

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>1. Sheet filed in Envelope</i>					
17.4.19	6 th Res	405 to band 3 Rhyt	Ote Seaford	17.4.19	PT II 687 M 2357094 21.4.19
<i>59-H-23.</i>					
2.5.19	MDC 2/3	S.O.S. to Canada.	" Rhyt.	2.5.19	— 104

J.P.S

Rank *He* Name **MILLER, Herbert** ✓
 Unit **109th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single** ✓
 Place and Date of Enlistment **Lindsay 22nd Dec. 1915** ✓ Place of Birth **Rosedale** ✓
Somerset Tp. ✓
 Name and Address, Next-of-Kin **Sarah Miller** ✓

No. 1. Fenelon Falls. Ont. Canada ✓ Relationship **Mother** ✓
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **8336**
 File R.L.
 Category **Missing** P of W

*File in
 box
 6076 D*

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	
5-10-16	109 th Bn	S.O.S. L 21 st Batta	Brams Hall	5-10-16	P th II. DO. 279
9-10-16	21 st Bm	<i>Taken on strength</i>	Field	6-10-16	" 58.
3-1-17	"	Adm to fld Amb	field	17-12-16	GRA #06 Sick
4-1-17	"	No 6 British Red Cross Hosp	Etaples	23-12-16	" 407 Pyrexia U.O. Mild
16-1-17	"	Trans. No. 6 Cowl. defect.	"	7-1-17	" 415 "
16-1-17	"	" 5 "	Cayeux	17-1-17	" 417 "
14-3-17	"	Discharged to Base Depot	Hare	4-3-17	" 462 "
25-8-17	"	Adm. No. 2. Sta. Hosp.	Abbeville	16-8-17	" 592 GSW-L. Shldr.
29-8-17	"	Adm. Berrington War Hosp.	Shrewsbury	21-8-17	B. 432 "

A.F.B. 103 COUNCIL
 951200 01
 10 OCT 1966

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.				
27.8.17	21 st Bn.	Wounded Posted to EOR D	Field.	20.8.17	Pl. II 8 A BORD 175/3-9-17
11-9-17	EOR	Admtd to Can Gen Hosp ^{Woodcote Park}	Epoom.	8-9-17	Col B. S. G. St. J. Shldr.
3-10-17	"	Dischg ^d ex above.	"	28-9-17	Col B. 27 G. St. J. Shldr.
5-9-17	6 th Res.	Posted from EOR D.	" Seaford.	28-9-17	Pl. O 235 + EOR D 208/6-10-17
1-12-17	EOR	Admtd to Col H. G. Gen Hosp.	" Eastbourne.	28-11-17	Col B. 78. Diptheria
C	"	Dis. do.	" do.	31-12-17	C 2. C 100 Diptheria
H 1/18.	6 th Res.	Having completed 2 years service with good conduct, is granted permission to wear one good conduct badge.	Seaford.	22 1/2 17.	Pl. II D/o. 3. A.F. B 103 ^{chd} ⁻⁴⁻¹⁷
29 2/18.	"	Posted to 21 st Bn. Seaford.	"	28 2/18	2105 Bn. D/o. 232/14 4/18.
26.10.18	21 st Bn.	Reported missing after action			Chk: A. 358 2/30/18.
25 " 18.	Col.	S.O.S. accordingly P. rev. repts missing, now reptd. P. of W. at Puchim. Mecklenburg.		28-8-18	PID 1088. C. L. A. 380.
6 " 19.	Col.	Repatriated Thro of W. Arrived at Ripon.	Ripon.	1 " 19.	Ch. B. H. 10.
9 1/19.	Col. Sep.	T.O.S. Repatriated P. of W. Arrived at Ripon.	Witley.	1 1/19.	Pl. II D/o. 7.
5.2.19	6 th Res	Attached Rep P. of W from EOR D pending instructions as to his disposal	Seaford	3 2 14	EOR D PR 2022 — 27 7 2 14
31.3.19	"	ceases to be attach ^d & is TOS on posting from EOR D	"	25.3.19	— 72 EOR D PR 077 2 4 19

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

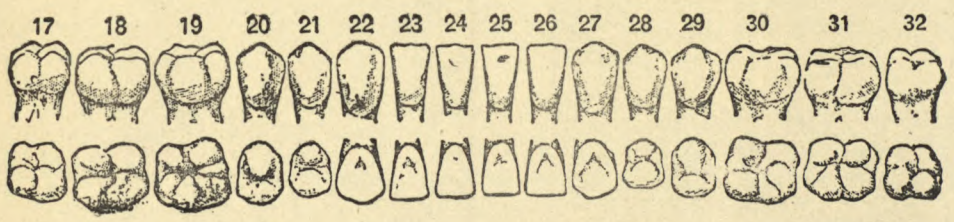
Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) MILLER H

REGIMENT 6th Res RANK Pte No. 725570

Date of Examination in England 4/4/19 Date of Examination in France



- 1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

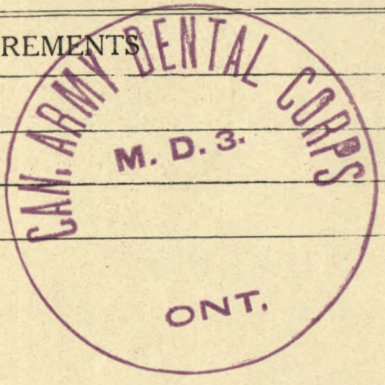
PRESENT DENTAL REQUIREMENTS

1. FILLINGS 18

2. EXTRACTIONS

3. CROWNS 8 9

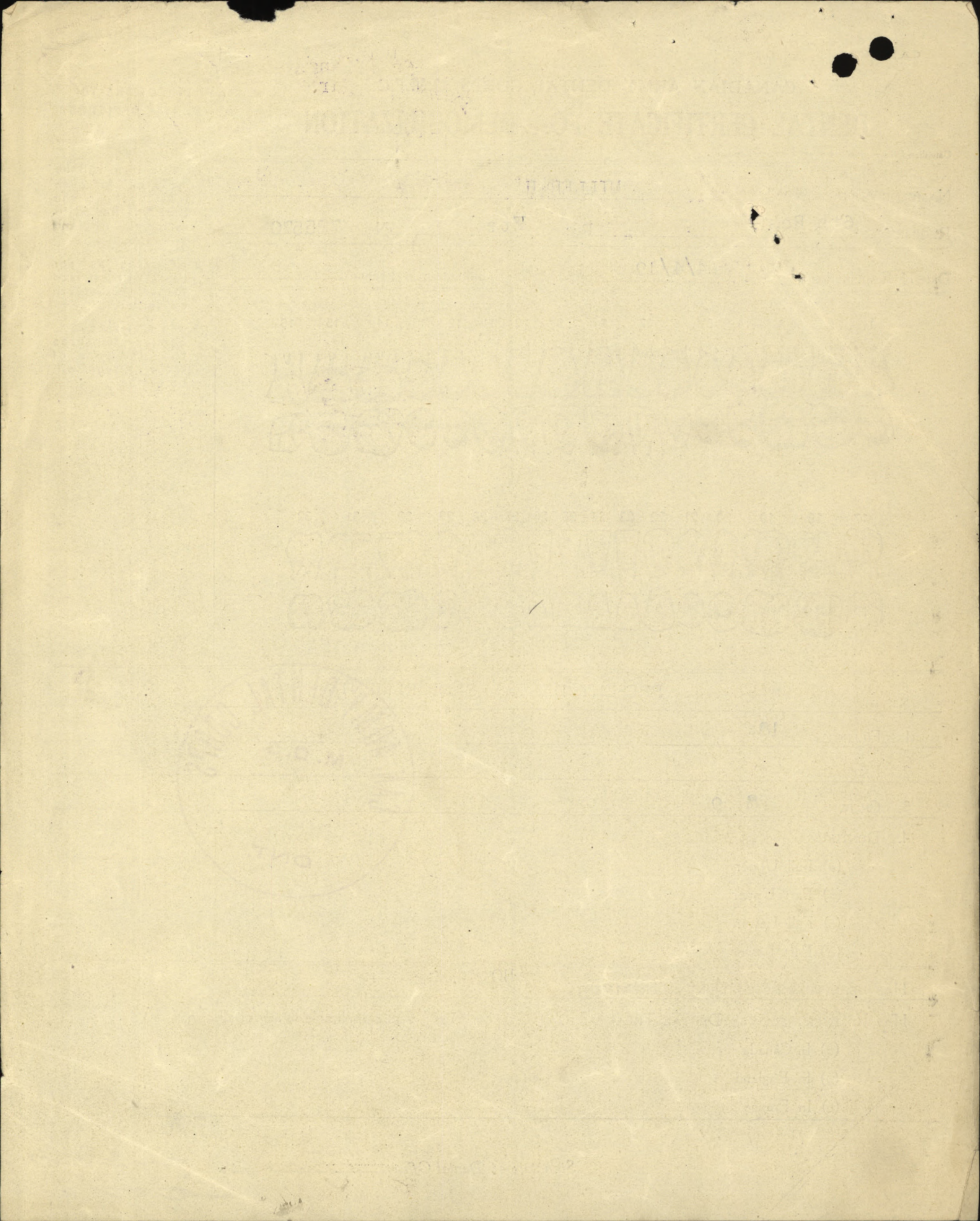
- 4. DENTURES
(a) Full Upper
(b) Part Upper
(c) Full Lower
(d) Part Lower



HAS HE EVER REFUSED DENTAL TREATMENT? NO

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

Signature of Dental Officer [Handwritten Signature] Capt.



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge Class. *F*.....
 No. *279 372* Issued

THIS IS TO CERTIFY that No. *725570* (Rank) *Pte.*
 Name (in full) *Miller, Herbert.* enlisted in
 the *108th Can. Inf. Batta.*
 CANADIAN EXPEDITIONARY FORCE at *Fenelon Falls* on the *22nd.*
 day of *December* 19*15*
 HE served in *21st Can. Inf. Batta., France*
 and is now discharged from the service by reason of *Demobilization.*
Medical Unfitness.

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

Age *24*
 Height *5'6"*
 Complexion *Medeium*
 Eyes *Blue*
 Hair *Red.*

Marks or Scars *Scar on left hand, left
 shoulder; 2 on left arm.*

Herbert Miller
 Signature of Soldier

Geo. Curry
 Issuing Officer

Date of Discharge



Rank

Date *April 18,* 19*19.*



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

THIS IS TO CERTIFY that No. 100 (Rank) Private
 Name (in full) James G. ... enlisted in
 the Canadian Expeditionary Force
 CANADIAN EXPEDITIONARY FORCE at ... on the
 day of ... 1918
 HE served in ...
 and is now discharged from the service by reason of
 Medical Unfitness
 Demobilization
 THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:
 Age ...
 Height ...
 Complexion ...
 Eyes ...
 Hair ...
 Marks or Scars ...
 Signature of Soldier ...
 Leaving Officer ...
 Date of Discharge ...
 Rank ...
 Date ... 1918

NOTE: As no mention of this Certificate will be made, any person making application is requested to forward it to the

Postmaster General, Ottawa, Canada

FORM 100
 1918
 H.C. 117-10-100

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 7255 70.....

(3) Full Name of Soldier Herbert Miller.....

(4) Place of Birth Coboconk Ontario Canada.....

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

(6) If married, state,
 (a) Full name of your wife Nil.....
 (b) Present Postal Address Nil.....

(7) Are you a widower? Nil.....

(8) Have you any children? Nil.....
 If so, give number of boys and girls Nil.....
 Also their names and ages Nil.....

(9) Is your Father alive? Yes.

If so, state name and address William Miller (Rosedale) R.R. #1 Fenelon Falls Ontario Canada.

(10) Is your Mother alive? Yes.

If so, state name and address Sarah Miller R.R. #1 Fenelon Falls Ontario Canada.

(11) If your Mother is a widow No.

Are you her sole support, or not? No.

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

Nil.

(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.

Nil.

(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.

Nil.

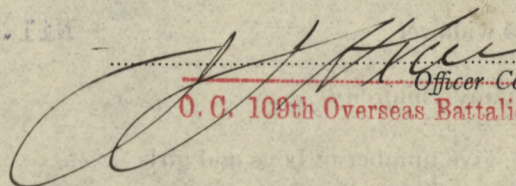
(15) Are you insured? Yes.

If so, in what Company? Yes: Manufacturers Life Assurance Coy.

Have you made arrangements for payment of your Insurance premium? Nil.

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

Date July 8, 1916.


Officer Commanding.
O. C. 108th Overseas Battalion, C. E. F.

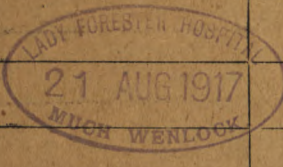
PATIENT'S SERIAL NUMBER TO BE QUOTED ON ALL COMMUNICATIONS.

11
T.C. HOSP. WOODGATE, PARK

MEDICAL CASE SHEET.*

EPSOM

No. in Admission and Discharge Book. F.C.T. 544 Year 1917	Regimental No. 725570	Rank. Plt Unit. 21 st Can.	Surname. Miller	Christian Name. H. Age. 22 Service. 1 1/2 Service in the Field. 10/12
Station and Date. Religion. Pres.	Disease S.S.W. Left shoulder			Slight. Severe. Dangerous.
Next of Kin.	Mother. Fenelow Falls. R.R. No 1. Ontario.			
Condition of wounds on admission. Clean.				
When such wounds were received. 15-8-17.				
If in action, and where. Per Lens.				
Station, and Hospitals, where treatment given. Abbeville				
If Antitetanus Serum administered, when. 750bbi. 15-8-17. 29-8-17. 500 Units. 109.7.				
Treatment. Dry dressings etc. 29-8-17 1500 units 114. B. 6-9-17 Transfer Bonvalent Home J.W. Hudson Brigley M.D. M.O. 1/4				



*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

FCI-544

ORIGINAL

ORIGINAL MEDICAL HISTORY SHEET.

Surname Miller Christian Name Herbat

Examined { on 8th day of January 1916
at Lindsay
Birthplace { City or Town Rosedale
County Sumnerville Ont.

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

Apparent age 20 years
Trade or occupation Farmer
Height 5 Feet 7 Inches.
Weight 143 Lbs.
Chest measurement { Minimum 32 1/2 inches.
Maximum expansion 36 1/2 inches.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>27 AUG 1916</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development good
Small-Pox Marks none
Vaccination Marks { Arm Right none Left One
Number One

Date	Result	VACCINATIONS.
<u>24.3.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last March 24th 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18.6.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>26.5.16</u>	<u>"</u>	<u>J McCulloch</u> M.O.
<u>4.6.16</u>	<u>"</u>	<u>J McCulloch</u> M.O.
<u>7.4.16</u>	<u>"</u>	<u>H. B. Boyd</u> M.O.

Enlisted on 22nd day of December 1915 at Lindsay

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt.</u> <u>C. E. F.</u>	<u>725570</u>		<u>22.12.15.</u>
Transferred to..	<u>21st Bn</u> <u>6th Exp Bn</u> <u>21st Bn.</u>			<u>28-9-14</u> <u>28-3-18.</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Seaford.</u>	<u>9-4-19.</u>	<u>Inc. wt. Back Vth. arm</u>	<u>Fit J McCulloch</u>

CANADIAN

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

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS


M. F. W. 12.
 50m.—4-16.
 H. Q. 1772-39-819.

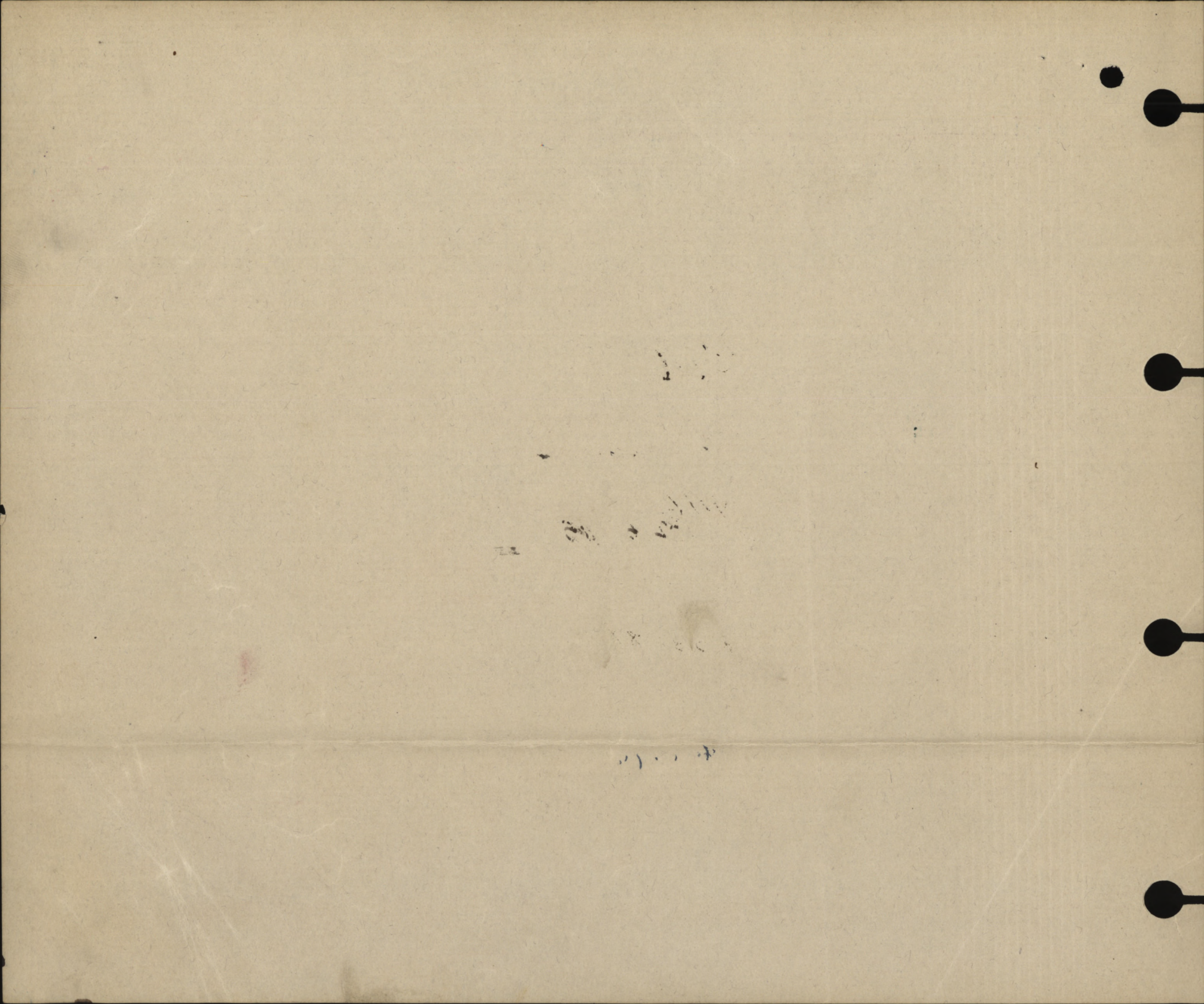
Bank Account Credit
 To Whom *Maj. Bank of British N. America*
 Address *Fenelon Falls.*
Ont.

By Whom Assigned *Miller. H.*
 Regtl. No. *125570*
 Rank *Pte.*
 Corps *109th Batta C. Coy.*

Rate *15⁰⁰* **AUG 1 1916**

PAYMENTS

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



MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 50m.-4-16.
 1772-30-819.

Mgrs. Bank of British N. America. Credit
 Sheet No. 2. **PAYMENTS.**

Name of Soldier Miller, H.
 # 425570 Pte "Colony" 109th Patten

L. L. Job 310.-Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				15. ⁰⁰
April	1916			
May				
June				
July				
Aug.		715908	15	
Sept.		019837	15	
Oct.		M21590	15	
Nov.		M26438	15	
Dec.		R 30655	15	
Jan.	1917	J41223	15	
Feb.		J46559	15	
March		C 52131	15	15-B.
April		X 3832	15	15 Cu
May		X 10585	15	15A
June		M 19060	15	B.
July		X 23388	15	D
Aug.		L 31290	15	
Sept.		L 38565	15	- Cu
Oct.		B 44596	15	
Nov.		M 30596	15	
Dec.		L 60600	15	
Jan.	1918		15	255
Feb.			105	
March			15	
April				
May				
June				
July				

ad

Mone

AUG 1 1916

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

ASSIGNED PAY: ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA. NAME: MILLER Herbert
EFFECTIVE DATE: 1/8/16 EFFECTIVE DATE: NUMBER: 725570
AMOUNT: 15 0/2 AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Mgr Bank of B.N.A London, Falls Out				Pte

UNIT AND TRANSFERS

ORIGINAL UNIT: 109th Bn
DATE ACCOUNT FIRST OPENED: 31/7/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'OP'D	UNIT TRANSFERRED TO
B023	1/4/18	25/4/18	21 st Bn
	1.11.18	26.11.18	B.N.C. 26
	1-11-18	1-12-18	by H.R. by War

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
15/3	9446	S'ford.	£1.10.0	Y 30			
20/3	9671	"	£6.0.0	29 50			
2/4	16	"	£3.0.0	17 03			
			53 53				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
P of 27-8-18	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:

28-8-18 Cha 355
25/11/18
Trans to Canada 31/1/19 M.D. 3 N.R. 6042. S'ford 28/1/19

Red. Bal. 62.35. L.P.C. Credit Balance 8.82.

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Feb 31	bal bro' forward								103 01		
Apr	P.O.	32		AR 63 5-4-18 C.C.R.L ban a P	4 46			15	116 55		
		33			4 46			15			
May	"	34	10	ban a P AR 57 3-5-18 21 B r 139 19-8-18	8 03			15	124 05		
		34	10		11 60			15			
June	"	33		ban a P AR 220 8/6 21 B AR 3180 2 1/2 1/17 14 Gen Hosp 988 33/6/18 21 B	4 46	4 87		15	129 15		
		33			3 57			15			
July	"	34	10	ban a P AR 30 8/7 21 B - 628 2/4	4 46	3 57		15	140 22		
		34	10		8 03			15			
Aug	"	34	10	AR 719 2/8 - 962 2/8	3 57	3 57		15	152 18		
		34	10		3 57			15			
Sep	"	33		ban a P	7 14			15	170 18		
		33						15	185 20		
Oct	"	34	10	ban a P				15	189 08		
		34	10					15	168 30		
Nov	Sept, Oct, Nov P.P.	100	10	o/c. Sep + Oct p.p.a Dr. Sept, Oct + Nov A.P. Nov	67 10			15	357 28		
Jan	"	68	20	5 Ribon 2-1-19 220 3-1-19 £ 12 20-1-19				30	245 18		
		168	30		67 10			45			

* Strike out whichever inapplicable.

mc

Stopped Eff 11/18
Renewed Eff 1/9/18
Stopped 1.5.19

Prof War 380
25/11/18
Trans to Canada 31/1/19 M.D. 3 N.R. 6042. S'ford 28/1/19

Following
by

PTO

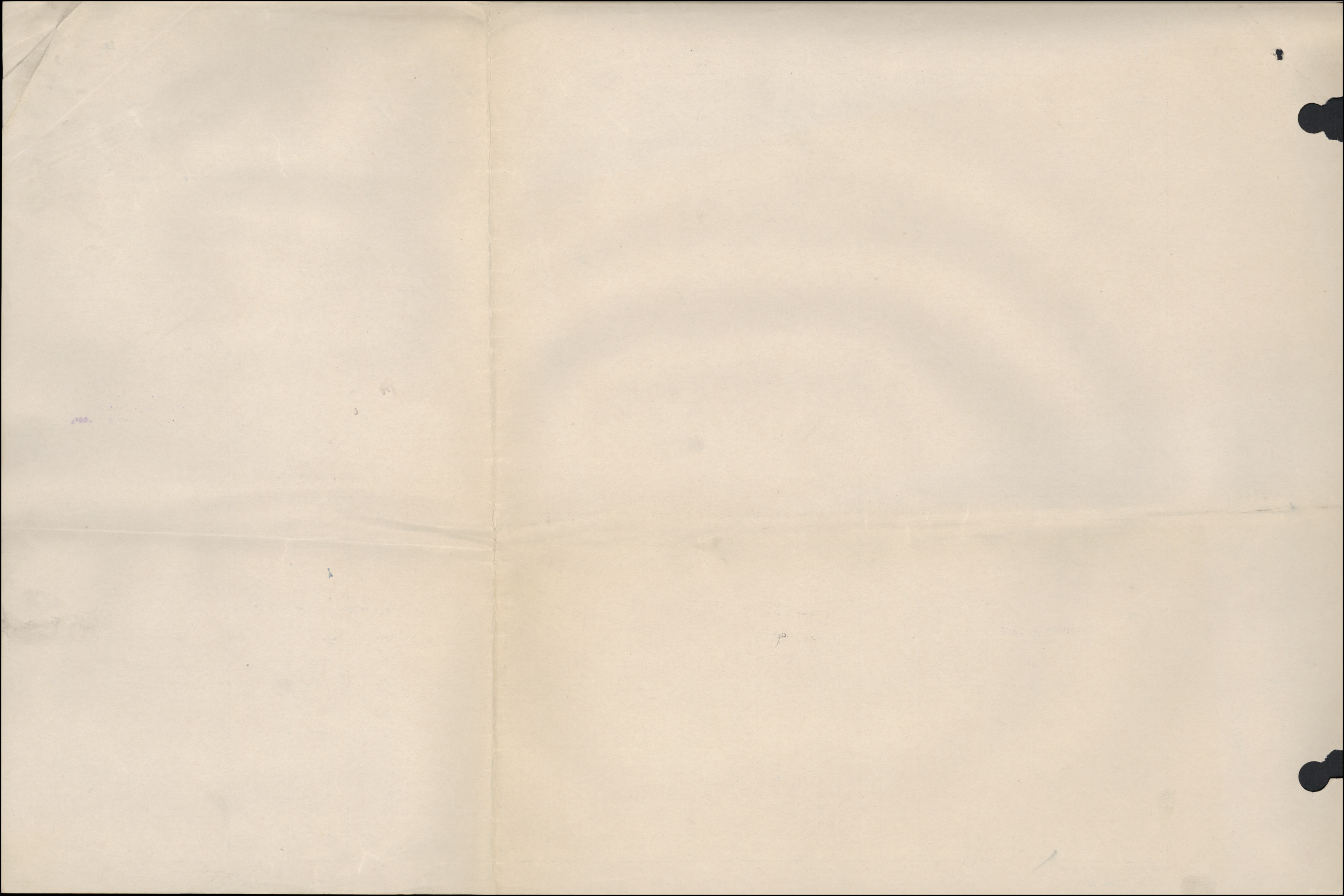
NUMBER 725540 RANK

NAME MILLER H.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
				Forward					24548		
				CP. 97252 3-1-19	97 33						
				CP. 10762 20-1-19	58 40						
				AR 886 1-1-19	24 33						
				Cap.	180 06						
	Feb by mar	64 90		Cap				15			
				DYAR 8661 13 ¹ / ₂ 6" BORD	7 30						
				✓ 8839 20 ¹ / ₂ 6" Res	48 67						
				✓ 9446 13 ¹ / ₂ 6" Res	7 30						
				✓ 9671 20 ¹ / ₂ 6" Res	29 20						
		64 90			212 53			30			
	April	33		Cap.				15			
				AR. 956. 22/4/19 6" Park (End)	9 73						
				✓ 1829. 22/4/19 (End)	9 73						
				✓ 16. 2/4/19. 6" Res.	17 03						
		33 -			36 49			15			
									10 64		

10d. - P.D. 3 - 3/6/19 - SL. 57.

1098.00
172.85
1225.15
175.40
1098.00
200.00
1298.15



Date of Enlistment

MLITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch **M** 16277

297
Aug 1/16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

Cr
Bank Account,

<i>15</i>			
-----------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *725540.*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *H. Miller.*
 Battalion *109th Battrn "C" Co*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mgr. Bank of British M. America*
 Address *Fenelon Falls Ont.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Dec 31</i>			<i>255</i>	<i>255</i>
<i>Jan 18</i>	<i>Y 67304</i>		<i>15</i>	<i>15</i>
<i>Feb</i>	<i>W 74344</i>		<i>15</i>	<i>15</i>
<i>Mar</i>	<i>O 95042</i>		<i>15</i>	<i>15</i>
<i>April</i>	<i>M 10228</i>		<i>15</i>	<i>15</i>
<i>May</i>	<i>R 14119</i>		<i>15</i>	<i>15</i>
<i>June</i>	<i>L 26270</i>		<i>15</i>	<i>15</i>
<i>July</i>	<i>H 27853</i>		<i>15</i>	<i>15</i>
<i>Aug</i>	<i>P 37062</i>		<i>15</i>	<i>15</i>
<i>Sept</i>	<i>S 48388</i>		<i>15</i>	<i>15</i>
<i>Oct</i>	<i>X 52660</i>		<i>15</i>	<i>15</i>
<i>Nov</i>	<i>T 59116</i>		<i>15</i>	<i>15</i>
			<i>420</i>	<i>420</i>
<i>Dec 19</i>	<i>R 3617</i>		<i>15</i>	<i>15</i>
<i>Jan</i>	<i>Y 71488</i>		<i>15</i>	<i>15</i>
<i>Feb</i>	<i>W 73818</i>		<i>15</i>	<i>15</i>
<i>Mar</i>	<i>L 91463</i>		<i>15</i>	<i>15</i>
<i>April</i>	<i>P 1480</i>		<i>15</i>	<i>15</i>
<i>May</i>	<i>S 6365</i>		<i>15</i>	<i>15</i>
			<i>510</i>	<i>610</i>

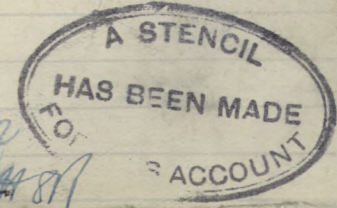
File 012845-H-81 REMARKS *M. D. 3*

Reported missing. Date *28-8-18*
 C. L. No *352*... Folio *8*... Date *4-11-18*
 A/C. *M16272*... File *012845-H-81*
 B. F. or P. A. Date.....
 Clerk *JAD Reilly* Date *19-11-18*

now P. of W. C. L. 375-fols-28-11-18. now repat + 119C. 1418
a.P. returned for 1-12-18 at above rate out files above
15th to adjust a.P. for Dec 1-4-12-18 not mailed 5-12-18/19

A/c Closed 31-5-19
Ret'd per Suzandra
Date 12-5-19 M.F.W. 187
JAD Reilly
Deaf: L.P. M. R. O. 84761
17-5-19 JAD

MAY 19 19 C



M. R. O 50014-475702
M. R. O 15561-1978/1481

M. F. W. 126
 4001, 6-17, 1772-39-141
 L. L. 2220-M. & D. 1883.

11211 M2
BR.

H/P of W
1

P.O.W.

31-10-35

War Service Badge Class... A...

SHORT FORM

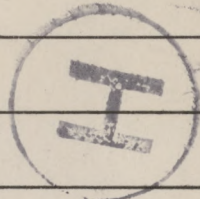
No... 27957.2... Issued

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Embarked "CASSANDRA" 8-MAY-1919

Disembarked



1. No. 725570

2. Rank. P.T.F.

3. Name. MILLER Herbert

4. Unit. 6TH

5. Date of Discharge 14-5-19 Place Kingston Ont

6. Reason for Discharge Demob

21st Bn.
109th Bn.
B2

7. Authority. RO 1420

8. Proposed Residence after Discharge mother
Presby.
Fenelon Falls

War Service Badge
Class "A" No.

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. ? B 39

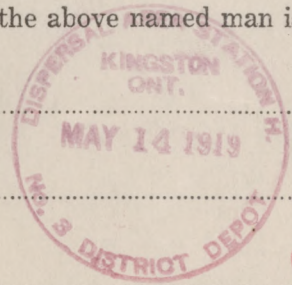
Miller H
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date



RELEASED 27-7-42
101 1635-
649 M-1

Medical Documents
Forwarded to
S.C.R. or B.P.C.

Signature

for Geo Henry [unclear]
(O. C. Discharging Unit.)

Date MAY 30 1919

1. The History of the United States	1
2. The Constitution of the United States	15
3. The Federal Government	35
4. The State Governments	55
5. The Local Governments	75
6. The History of the United States	95
7. The Constitution of the United States	115
8. The Federal Government	135
9. The State Governments	155
10. The Local Governments	175
11. The History of the United States	195
12. The Constitution of the United States	215
13. The Federal Government	235
14. The State Governments	255
15. The Local Governments	275

THE UNIVERSITY OF CHICAGO PRESS

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

14-4-19

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (A.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(enclosed in special envelope (2C0M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (D 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... **A**
 Checked by No..... **21**
 **omb**
 Date..... **22-4-19**

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION..... Seaford DATE..... 9/4/19

1. 1 (a) Unit..... 6th RES. (b) Regimental No..... 725570 (c) Rank..... PTF
 (d) Surname..... MILLER (e) Christian name..... HERBERT
 (f) Home address..... R.R. NO. 1 CAMERON ONT. 90 J.H. LEE
 (g) Next of Kin..... MRS. S. MILLER (h) Relationship..... MOTHER
 (i) Address of Next of Kin..... FENELON FALLS, R.R. NO. 1, 90 W. PUGH

2. Age last birthday..... 24 Date of birth..... Feb 28 1895

3. Enlistment, or Appointment (if an Officer) (a) Place..... Sheldon Falls Ont (b) Date..... 22/12/15

4. Personal description:
 (a) Height..... 5'7" (b) Weight..... 145-est (c) Complexion..... Fair
(stripped)
 (d) Colour of hair..... Red (e) Colour of eyes..... Blue (f) Identification marks, Scars, etc..... 2 large scars on back, 1 on left arm, 1 on left hand.

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.</u>	<u>108.</u>

	PERIODS	
	From	To
Canada.....	<u>22-12-15</u>	<u>24-7-16</u>
England.....	<u>31-7-16</u> <u>Aug 1917</u>	<u>6-10-16</u> <u>28-3-18</u>
France or other theatres of War.....	<u>6-10-16</u> <u>28-2-18</u>	<u>Aug 1917</u> <u>1-31-18</u>

7. Original disease, or injury..... LACERATING W.D. BACK & LT ARM

(a) Date of origin..... Aug 28/18 (b) Place of origin..... France.
 (c) Cause..... Shrapnel wound.

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.)

Limitation of movement at left shoulder joint.

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.)

Large ^{red} scar over left scapula. not adherent or tender. Another large scar over scapula and extending across posterior axillary fold onto left arm. Scar 2 inches long on front of upper arm. This scar is firmly adherent. Cannot abduct arm beyond a right angle to body. Cannot raise arm forward beyond a right angle with body. Cannot flex arm at elbow joint beyond an angle of 60°. No limitation of other movements. Power of arm & grip of hand diminished 30%. Complains of inability to fully use left arm.

(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
Special Senses... No Respiratory System... No Integumentary System... No
Disturbances of Mentality... No Digestive System... No Muscular System... No
Osseous and Joint Systems... No Any other general condition... Yes

Chest and abdomen covered with pythematous rash. Had this rash prior to enlistment.

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

Wounded by shrapnel Aug 28th 1918. and taken prisoner same day. Had an operation in Belgium by a German doctor. Says he was in hospital 3 1/2 months. Prisoner of war from Aug 28th 1918 to Dec 27th 1918.

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).)

P. U. O. 23/12/16 Myalgia 18/12/16

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

See 4 (f)

11.—(a) Did the disabling condition have its origin before enlistment? *No.*

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

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) 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? *6 months*

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

Operation in Belgium.

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

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

17. Recommendations.....

C. Macintosh Capt
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..... *Herbert Miller*..... 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.....

Herbert Miller Pte 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 except #9(a)
 #9(a) Limitation flexion left forearm about 5°.
 P.S.W. dorsal surface left hand, 2nd, 3rd & 4th Metacarpal bones affected causing weakness of hand.

19. Is the invalid 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.) |

20. It is certified that the invalid *O.R.*

- (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 *O.R.* be discharged. (When not for discharge add special recommendation.)

Boarded for return to Canada.
Auth. G.S. tel 9083 11-11-18.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *Seaford.* *W. G. Macleod Capt., President.*
J. McDonald Lt. } Members
 DATE *9-4-18.*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

APPROVED BY *D. G. Byers Capt.* APPROVED BY
for Assistant Director of Medical Services. *Director-General of Medical Services.*
 DATE..... DATE.....

