

Submitted Feb 7/16
OK
Adm. 2.

B

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

No. 725219

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Miller*
- 1a. What are your Christian names?..... *William Art*
- 1b. What is your present address?..... *Lindsay Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Croydon Surrey Co. Eng*
- 3. What is the name of your next-of-kin?..... *Isoline Miller*
- 4. What is the address of your next-of-kin?..... *Mary St. Lindsay Ontario*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *1st Dec 1875*
- 6. What is your Trade or Calling?..... *Chardener*
- 7. Are you married?..... *Yes*
- 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, *William 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 *February 7th* 1916. *William Miller* (Signature of Recruit)
A. O. Regan (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William 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 *February 7th* 1916. *William Miller* (Signature of Recruit)
A. O. Regan (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 *7th* day of *February* 1916.
A. O. Regan (Signature of Justice)

6
OK

17
75
12

Description of William Miller on Enlistment.

Apparent Age.....40.....years.....1.....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. 5 1/2 ins.

Chest measurement { Girth when fully expanded.....42 ins.
 Range of expansion.....6 ins.

Complexion.....Dark

Eyes.....Blue

Hair.....Black turning grey

Scar on calf of right leg.

Church of England.....C. of E.

Presbyterian.....

Methodist.....

Baptist or Congregationalist.....

Roman Catholic.....

Jewish.....

Other denominations.....
 (Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....February 7th 1916.

J. McCulloch Capt.

Place.....Lindsay

Hobd 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 Art 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.....FEB 14 1916.....1916.

ATTESTATION - PAPER.
109th OVERSEAS BATTALION, C. E. F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 725219

Folio.

QUADRUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- | | |
|---|---------------------------------|
| 1. What is your surname?..... | <i>Miller</i> |
| 1a. What are your Christian names?..... | <i>William Art</i> |
| 1b. What is your present address?..... | <i>Lindsay, Ont</i> |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | <i>Cradden, Surrey Co. Eng.</i> |
| 3. What is the name of your next-of-kin?..... | <i>Estaline Miller</i> |
| 4. What is the address of your next-of-kin?..... | <i>Mary St Lindsay, Ont.</i> |
| 4a. What is the relationship of your next-of-kin?..... | <i>Wife</i> |
| 5. What is the date of your birth?..... | <i>Dec 1st 1875</i> |
| 6. What is your Trade or Calling?..... | <i>Gardener</i> |
| 7. Are you married?..... | <i>yes</i> |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... | <i>yes</i> |
| 9. Do you now belong to the Active Militia?..... | <i>no</i> |
| 10. Have you ever served in any Military Force?..
If so, state particulars of former Service. | <i>no</i> |
| 11. Do you understand the nature and terms of your engagement?..... | <i>yes</i> |
| 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } | <i>yes</i> |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Art 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 *February 7th* 1916. *W. Art Miller* (Signature of Recruit)
A. R. O'Regan (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Art 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 *February 7th* 1916. *William Art Miller* (Signature of Recruit)
A. R. O'Regan (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 *7th* day of *February* 1916.

[Signature] (Signature of Justice)

Description of William Art Miller on Enlistment.

Apparent Age.....40 years1 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. 5 1/2 ins.
 Chest measurement { Girth when fully expanded.....42 ins.
 Range of expansion.....6 ins.

Scar on calf of right leg.

Complexion.....Dark
 Eyes.....Blue
 Hair.....Black turning grey

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....February 7th 1916.

John C. Mack
 Capt.
 Medical Officer.....
 109th Overseas Battalion, C. E. F.

Place.....Lindsay

*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 Art 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.....FEB 14 1916.....1916

A.M. 12/6/18

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 1
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 2
- Proceedings on discharge..... 2
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 1

M

DISCHARGE DOCUMENTS

Name Miller William, Orf.
725219
 Regt. No 725219 Rank Pte
 Corps 109th Bn

R. O. No.....
H. Q. No.....



AC
1-3-20

22519

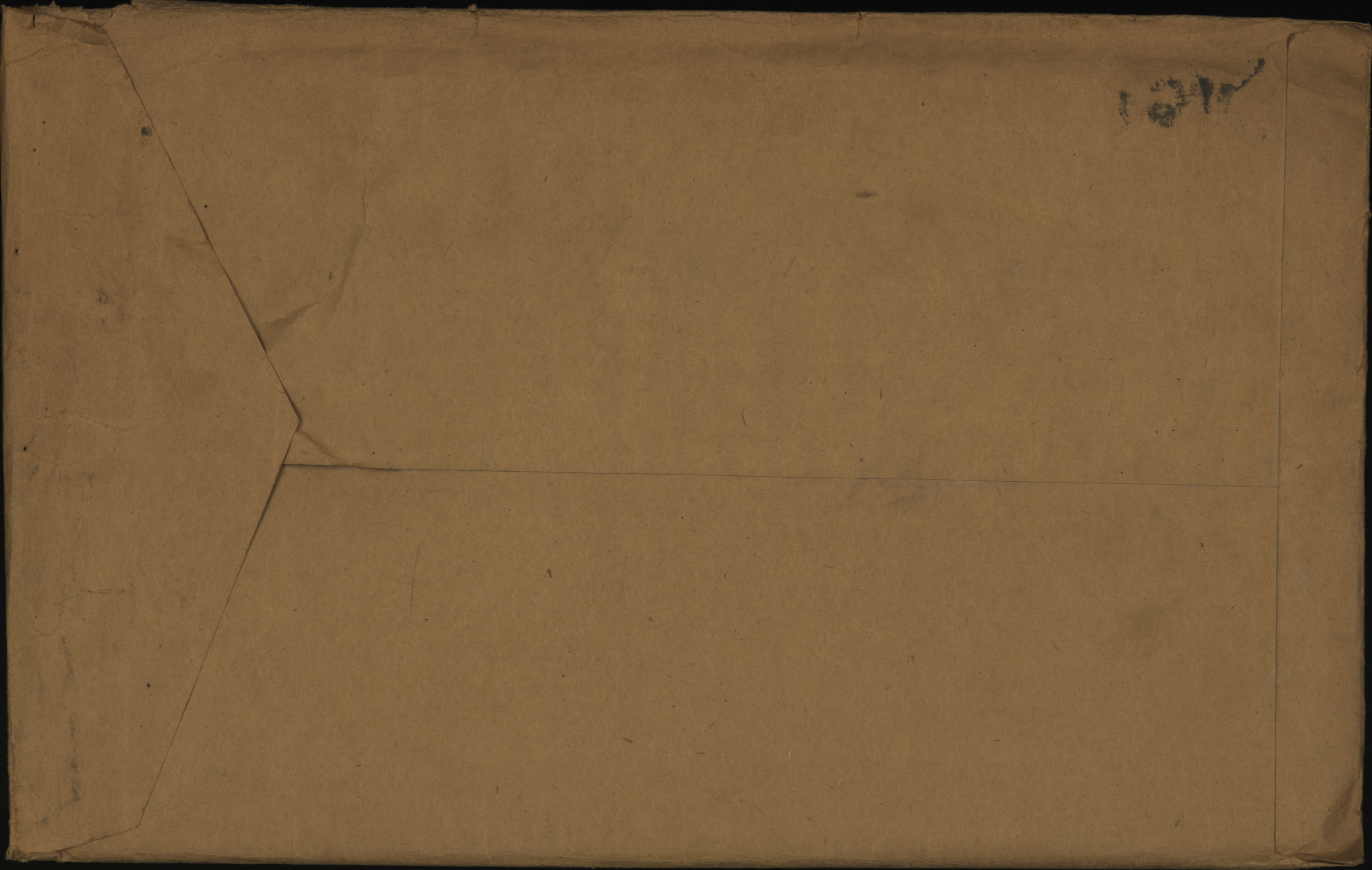
~~Cards. 1 Part II
Med. unfit. 1 Casualty.~~

~~Discharge 14-12-57~~



45 - 15
29 - 15
6 - 15
1

A.F.B. 122-1
 M.P.W. 39² 1
 M.P.W. 192-1
 a2w 3212 - 1 P-12
 a2w 1237-2 1 pay card
 a2B 181 - 1
 card



encl
as

Number. 725219 Rank. Pte. B.
Surname. MILLER V
Christian Name. William Ort
Units 4th - Ban Lab. Bn. Theatre of War France
Date of Service. 15-3-17
Residence. 10 Vimy Road, Lindsay, Ont. 14/20.
Latest Address. 49 Ridout St.
Lindsay Ont.

Roll No.

B. Page 5625.

DEPT JAN 16 1925

REGN. NO. 9503

~~No~~ William Orr

Name **MILLER** Rank **Pte**
Unit ~~#~~ **4th Lab. Bn.**
Next of Kin **Canada**

Reg. No. **725219** (3)

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
21 10	No 3 Aus. Cas. Bldg. Str.	Otorrhea	750			6197
23 10	56 Gen. Hosp.	Staples	do	A57	1101532.5	
29 10	Berr. War Hosp.	Shrewsbury	do	B54		482.8
29 11	West. Hosp. C. & G.	St. Louis	Med. Douletts	B79A		
22-2	No 5 C & G	Liverpool	do	B146		17131
28-3	Invalided to	Canada	"	B174		6264
	general					
						Sept

SURNAME.

Miller

CHRISTIAN NAMES

William Ort

REGL. No.

725219

RANK

Pvt.

UNIT

109th

FORMER CORPS

Nil.

3 auth. P.T.B. 107 of
GARD No. 17/7/17
M.V.C.C. 2.3.

FOU.
SOS. 22-5-18. P.T.B. 36/13-5183

Batt.

NEXT OF KIN.

NAMES IN FULL

Miller, Mrs. Isoline

RELATIONSHIP TO SOLDIER

Wife

ADDR

49 Didout St.

Lindsay, Ont. S.O.A.P. 2-8-17.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England, Croydon, Surrey Co.

DATE

Dec. 1st 1875.

PLACE OF ATTESTATION

Lindsay

DATE

Feb. 7th 1916.

Sailed from Halifax Per. S.S.

R/C. 7/4/18. $\frac{3}{10a}$ $\frac{12}{12}$ c.m.

L. L. 1052A - M. & D. 612

"Olympic" 23-7-16

4887.
25

M. F. W. 22. 100m. - 1-16. H. Q. 1772-30-522

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Gardener

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

40 YEARS

1 MONTHS

HEIGHT

5 FEET

5 1/2 INCHES

CHEST MEASUREMENT

42 INCHES

EXPANSION

6 INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Black turning grey.

DISTINGUISHING MARKS

Scar on calf of R. leg.

MEDICAL EXAMINATION.

PLACE

Lindsay

DATE

Feb. 7th. 1916.

No. 725219 RANK

Pvt

NAME

Miller, W.

O.

T. O. S. 7-2-16.

UNIT

109th. Battalion.

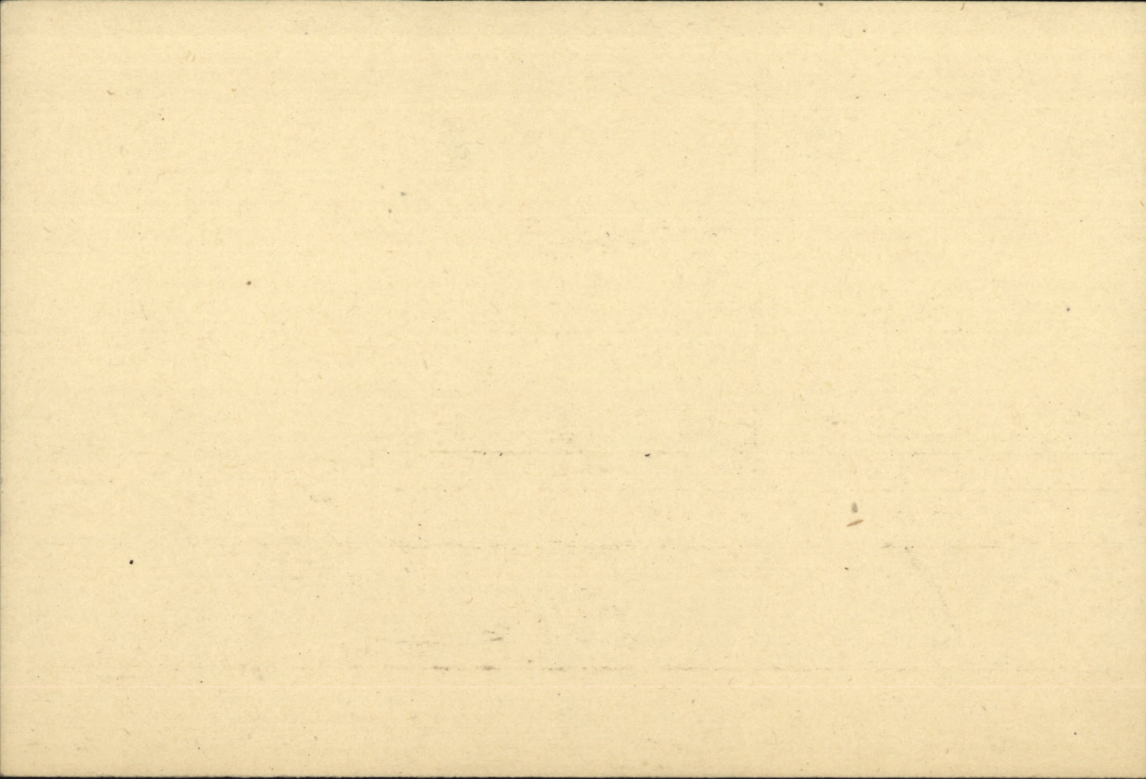
D. O. 68. 8-2-16.

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb. 7	1916. Feb. 29	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED

JUL 23 1916



24874

REG. NO. 725219 NAME Miller W
 (SURNAME FIRST)

RANK Plt. CORPS 4th J. Batt 16

AGE 48 SERVICE Enlis 7-2-16

NAME OF HOSPITAL Queens Mil PLACE Kingston

DATE OF ADMISSION 4-4-18

DISEASE Chr. Sup. Otitis Media

DISCHARGE

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD 29-5-18

NAME

Miller W.

W.

REG'TL No. 725219

H. Q. FILE No. 649.

RANK AND CORPS

plc

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A50	#3 Austro. Casualty Det.	21-10-17	Otorrhea
A.51-3.	#56 Gen. Etaples.	23-10-17	"
B54-1	Berrington War Shrewsbury	29-10-17	Otorrhea
B.79-3.	W. Cliff. Can Eye & Ear. Folkestone	29-11-17	Otitis Media
B146	" 5 th Can " Gen. Kirkdale	22-2-18	" " double Ch.
B174	" 4 th " " Invalided to Canada	28-3-18	" " " "

st-
1st Que. Regt.

1st Que. Regt.

SURNAME

CHRISTIAN NAME OR NAMES

FORM D.M.S. 1300

REG. NO.

RANK *Miller* UNIT *W.* CO. *O.* TROOP *725219.* BATTY.
116. HOSPITAL *1st Que. 4 Lab.* *Misc. Units (ICIWB)*
 DATE OF ADMISSION

1. *3 Aust. Gas. bl. Station* HOSP. *21.10.17*
56 Gen. Estables. *23.10.17.*
2. *Berrington War Shrewsbury.* HOSP. *29.10.17.*
3. *Westcliffe Law. Eye + Ear.* HOSP. *29.11.17.*
4. *5 Can. Gen. Kirkdale* HOSP. *22-2-18*

DIAGNOSIS

1. *Otorrhea. Itw.*
Otitis Media Double Chr *R 20.*
- 2.
- 3.

A.M.D. 2 DEPT.

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

DISPOSITION

DATE

REMARKS

<i>6.3.10.17</i>	<i>A 50 (2)</i>	
<i>1.11.17.</i>	<i>A 51 (3)</i>	
<i>5.11.17.</i>	<i>B 54 (7)</i>	
<i>4.12.17.</i>	<i>B 79 (3)</i>	
<i>2-3-18</i>	<i>B 146</i>	
<i>6-4-18</i>	<i>B 144</i>	<i>2. Invalided to Canada. 28.3.18</i>

Dis. to Canada per H.S. Llandovery Castle from L'pool. 28-3-18.

EPITOME OF HOSPITAL TREATMENT.

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

*Name Frederick W. O. Rank Plt Regtl. No. 725219
 Original unit 107 Present unit 4th Cav. Regt. 3rd S. Age 48 Religion C of E Fyle Depot 3-M-231
 Ref. H.Q. 3 M D 88-M-633

Port, ship, and date of arrival

Next of kin Mrs. Estline Miller (wife)

Address on leave

Address on discharge 49 Ridout St. Lindsay, Ont.

Transportation issued Yes No Date

Character on discharge

Previous occupation Gardener Date and place of enlistment Feb 7/16 - Lindsay, Ont.

Diagnosis (1) Q.M.S. C. double. (2) Defective vision Date of Medical Boards May 14/18

Date.	Remarks	Pt. 2 Order No.
18-4-18	Posted to Hospital Sec'n <u>Quinn's</u>	N.O.
26-4-18	Orders to draw sub on returning off leave	N.O. 2
16 to 21/5/18	granted leave with sub.	H.S. 31
22-5-18	discharged from service.	H.S. 37

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

and 3 M D 88-M-263

(over)

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192.
60M-3-18 (D.P.) 353.
1772-39-1243.

725219.

DUPLICATE MEDICAL HISTORY SHEET. DUPLICATE

Surname Miller Christian Name William O

Examined { on 7th day of February 1916.
at Sunday
Birthplace { City or Town Surrey County
County England

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

Apparent age 40 years
Trade or occupation Gardener
Height 5 Feet 5 1/2 Inches.
Weight 159 Lbs.
Chest measurement { Minimum 36 inches.
Maximum expansion 42 inches.
Physical development Good
Small-Pox Marks None

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

Vaccination Marks { Arm Right Four Left One
Number Five
When Vaccinated last Feb. 7th 1916

Date	Result	VACCINATIONS.
<u>7.2.16</u>	<u>Good</u>	<u>H. Boyd Capt</u> <u>J. McCulloch</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>8/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>8/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>8/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

(b) Slight defects but not sufficient to cause rejection
Slight hard of hearing in
left ear.

Enlisted on 7th day of February 1916 at Sunday

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>725219.</u>		<u>7.2.16.</u>
Transferred to.. ..	<u>4th Lab. Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>West Cliff - Faldreton</u>	<u>25-1-18</u>	<u>Ch. Supp Otitis and Deaf - Curled to Canada</u>	<u>H. Insufficiency Capt</u> <u>Caule.</u>
<u>SHORNCLIFFE-</u>	<u>26 JAN 1918</u>	<u>Approved.</u>	<u>J. B. Wilson</u> CAPT. FOR A. D. M. S. CANADIANS, SHORNCLIFFE

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.

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..... **725219**

(3) Full Name of Soldier..... **William Ort Miller**

(4) Place of Birth..... **Croydon Surrey England**

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

(6) If married, state,

(a) Full name of your wife..... **Isolive Robinson Miller**

(b) Present Postal Address..... **Lindsay Ont.**

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

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

If so, give number of boys and girls..... **5 boys 3 girls**

Also their names and ages..... **Raymond Miller 18 years**

..... **Maxwell Miller 11 years 2 months**

..... **Stewart Miller 8 years Rex Miller 5 years**

..... **Louise Miller 2 months Violet Miller 15 years**

..... **Daisy Miller 13 years Roy Miller 3 years**

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

If so, state name and address.....

(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.

Yes

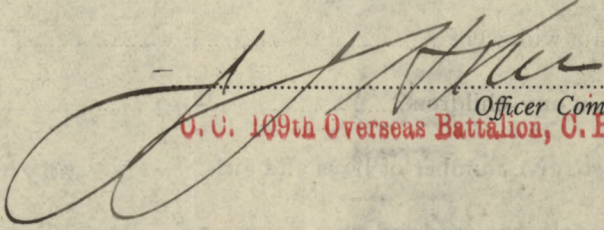
(15) Are you insured?..... **No**.....

If so, in what Company?.....

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

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

Date..... **July 7th 1916**.....


.....
U. C. 109th Overseas Battalion, C. E. F.
Officer Commanding.

J.P.

R-122

Rank *Plc* Name MILLER, William Ort. ✓ Reg'l No. 725219. ✓
 Unit 109th Bn. If in perm. Corps, }
 What Unit? } Married or Single Married. ✓
 Place and Date of Enlistment Lindsay 7th Feb. 1916. ✓ Place of Birth Croydon ✓
 Surrey, England ✓
 Name and Address, Next-of-Kin Isaline Miller. ✓
 Mary St. Lindsay. Ont. Canada. ✓ Relationship Wife. ✓
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. 202

File R.L.

Category *mu can.*

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—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. <i>C</i>	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
8.12.16	109 th Bn.	109 th Bn. to 124 th Bn.	Witley	8.12.16	Pt II D.O. 343
16-1.17	CCAC	109 th Bn. for C 2	Hastings	6.12.16	— 26 B
9.12.16	109 th Bn.	109 th Bn.	Witley	8.12.16	— 265
19-12-16		S.O.A. & C. & U.C. added to 124 th Bn		6-12-16	— 276
11-2-17		leaves to be att'd to 124 th Bn his att'd to 109 th Bn		10-2-17	— 42.
12 2 17	G.D. Bn.	att to G.D. Bn for B.D.R. 96 P.	B'sholt	10 2 17	— 37.
19.02.17	"	leaves att'd G.D. Bn. and att'd to 46 and about Bn.		17 2 17	— 73
13.2.17	CCAC	leaves to be att'd to 109 th Bn for com. to 124 th Bn.	Hastings	5.2.17	— 75 (S)
18.2.17	4 th C.L.B.	Taken on strength.	Seaford	17.2.17	— 5
I. 3. 17	4th. Lab.	Embarked for France	Seaford	I4-3-17	Pt/2, O. 29

I.F.P. 103 CHECKED
 13 APR 1917
 W.R.

Gen. Dep

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.				
7.3.17	C. bab	Cease to be att to 109 th Bn on trans to 4 th Lab Bn	Hastings	17.2.17	D.O. 7.3.17
30.10.17	1 st QR	Adm #3 Aust Gas Bly Bn	Field	21.10.17	Co L A 50 Otonhea
31.10.17	-	" 56 Gen Hosp	Etaples	23.10.17	Co L A 51 -
3.11.17	-	adm Berrington War Hosp	Shrewsbury	29.10.17	- B 54 -
8.11.17	1 st QR	S.O.S on adm to hosp	Pte Bshott	29.10.17	D.O. 95 of 10.11.17 D.O. 216 4 th Lab Bn
3.12.17	1 st QR	Ifd Westcliff Can E & E Hosp	Falkestone	29.11.17	Co B 79 Gen Depot
8.2.18	1 st QR	S.O.S to Gen. Dep.	Pte. Bishott.	18.2.18	PT 44 721-2-18
6.4.18	Co W B	Invalided to Canada		28.3.18	Misc. C.L.B 174 (atitio media Double ch.)
22.4.18	Gen. Dep.	Cease to be shown in Hpl + is SOS on being invalided to Canada	S'cliffe	28.3.18	PT II 50.95.
	Dis Dept	For Further Treatment	MD 3 Kingston	7/4/18	NR 443 R 2134/16

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

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

250M.—2-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

109th OVERSEAS BATTALION, C. E. F.

Regimental No. 25219

Rank Private

Name Miller William Art

C. E. F.

Enlisted (a) 4-2-16

Terms of Service (a) D of W.

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) Gardener.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Canada	Halifax	24.7.16.	
		Disembarked England	Liverpool	31.7.16.	
8/12/16	O.C. 109th Bn	Transferred to 124th Bn	Witley	8/12/16	<p><u>Capt.</u></p> <p>ADJUTANT</p> <p>109th Overseas Battalion, C. E. F.</p> <p>D.O. Pt II, # 343 343</p> <p><u>Art Asst Adj.</u></p> <p><u>Capt.</u></p> <p>ADJUTANT</p> <p>109th Overseas Battalion, C. E. F.</p>
19-12-16	124 Bn.	Transferred to C.C.A.C. + att to 124th Bn	Witley	6-12-16	<p>Part II Order 276</p> <p><u>Major</u></p> <p>ADJUTANT,</p> <p>124th BATTALION C.E.F.</p>
19-1-17	124th Bn.	Attached to Garrison Duty Battalion.	Witley Camp	19-1-17	<p>Part II Order No. 19</p> <p><u>Lieut., Asst. Adj.</u></p> <p>124th Bn. C.E.F.</p>

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

(b) e.g. Signaller, Shoing Smith, etc., etc.; also special qualifications in technical Corps duties.

I.P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.	
Date	From whom received					
11 2.17	124 th Bn.	Attached to Garrison Duty Bn.	Witley Camp	10.2.17	Part II Orders 42 Adjutant, ✓	
19/2/17	124 th Bn G.D. Bn	R ^c Att. to Gen Duty Bn. Bramshott Ceases to be attached on Trans: to 4 th Labour Bn. 14/2/17	Bramshott	10/2/17 21-2-14 12-2-14	Aut 66ae P&DO C.C.A.C. SUB-OFFICE, BRAMSHOTT. P. 110 #43 Geo H. Collier Captain, Adjutant, The Garrison Duty Battalion, Canadians. (Bramshott, Hants.)	
14-3-17	CCae	TOS attached to 109 th for C2	Hastings	6/12/16	P. 110 #26 B.	
	1/2 124 th Bn.	TOS att from 109 th Bn.	Witley	8/12/16	P. 110 #265.	
	CCae	Ceases to be att to 109 th Bn. non comm to 124 th Bn.	Hastings	5/2/17	P. 110 #259.	
15-3-17	M.L.O.	DISEMBARKED	FRANCE	HAVRE	15-3-17	Nom. Roll.
23.10.17.	56 Genl	Sick. M	Adm	56 Genl	23.10.17.	W 30 34/2291.
22.10.17	3 Aust 665.	Blonkea	"	3 Aust. 665	21.10.17	236/685.
28.10.17.	4 th Lab Bn	Evae. Sick.	Field	21.10.17.		B 213.

8 FEB 1917
 14 3 17
 16/12/17
 19/12/16
 23/2/19
 CAN. RECORDS, LONDON.

FOR LT. COL. VC RECORDS, C. O. M. T.

Casualty Form - Active Service.

Regiment or Corps 4th Labour Bn

Rank Pte Surname Miller Christian Name W C

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>28.10.17</u>	<u>56 Genl.</u>	<u>Sick to England.</u>		<u>28.10.17.</u>	<u>W.3034/2672.</u>
<u>29-10-17.</u>	<u>O.C. H/S. "Brighton".</u>	<u>Invalided (SICK) and Posted to 1st Quebec Regt. Depot, Shoreham,</u>		<u>29-10-17.</u>	<u>W.3083/4199. Pt. 11.D.O.No 95.</u>
					<u>Indiana</u> Lieut. for Lt. Col. A.A.G. CANADIAN SECTION.
<u>8.11.17.</u>	<u>1st Q.R.D.</u>	<u>I.C.S. on adm. to hospital.</u>	<u>Bramsbutt.</u>	<u>29.10.17</u>	<u>P.110.216.</u> <u>Col.</u>
					<u>Col. Phelps</u> Lieut. for Colonel i/c Records, C.O. 11th

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 725219 (Rank) Private

Name (in full) Miller W.O. enlisted in

the 909th Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay on the 7th

day of February 1918

HE served in Canada England

and is now discharged from the service by reason of

Being Medically unfit

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

Age 47 years

Height 5 feet 5 inches

Complexion Dark

Eyes Blue

Hair Dark Grey

W. O. Miller

Signature of Soldier

Marks or Scars

W. B. Bidsall Lt.-Col.

Issuing Officer

O. C. District Depot No. 3.

Rank

Date of Discharge 22/5/18

Signed at Newcastle this 9th day of May 1918

in Military District No. B.

File Reference No. C-3-77291

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 425214 (Rank) Pte Name Miller W. O.

Unit No 3 District Depot

Address on Discharge Lindsay Ontario

Character and Conduct Very good.

Former Occupation Gardener

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at Kingston this 22nd day of May 1918

Name of Officer W. Buskell
Rank Lt. Col.

O. C. District Depot No. 3.

Appointment

CANADIAN CONTINGENT EXPEDITIONARY FORCE

TRIPPLICATE

LAST PAY CERTIFICATE

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

Regimental No. 725219 Rank Pte. Name Miller, W.O.

Corps 100th Battalion who was* Discharged

On May 22nd 1918, to Category "E"

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from May 1st 1918 to May 22nd 1918 the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No.			Reg't Pay	22	00
			Field Allow.	22	20
Assigned Pay and Sep'n Allice. No. <u>1474</u>	40	00	Separation Allowances* (Monthly)	25	00
Other charges <u>O/pd Subs.</u>	3	20	Other Allowances* <u>Clothing</u>	8	00
<u>O/pd S/A</u>	7	00	Other Credits* <u>D.O.32 Subs.</u>	4	80
Payment on transfer or discharge No. <u>3447</u>	11	80	Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total	62	00	Total	62	00

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has.....(‡) been paid on account of Assigned Pay for the month of May 1918 and Sep'n Allice. for month of 1918 (to) Assignee Mrs. I. Miller,

(Address) 49 Ridout St., Lindsay, Ont.

(†) 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 Feby. 7th, 1916
- (2) if married and if a Separation Allowance Card has been submitted pd to date of disch.
- (3) cause of discharge..... authority 3MD 88-M-633
- (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 May 21st, 1918

Place Kingston, Ont.

W. Peters CAPTAIN
PAYMASTER, NO. 3 DISTRICT DEROT 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.

cheque #3447 attached

M. F. W. 44.

CASE HISTORY SHEET.

QUEEN'S MILITARY Hospital. KINGSTON. Station.
No. 725219 Rank Pte. Name Miller, W. Age 48
Unit 4th L. Batt. Completed years of service ^{Where and how long} Since 7 Feb./16. 8 months France.
Date of admission April 4/12 Date of discharge Discharged from HMS, May 29/18
Diagnosis Chronic ^{Serp.} Otitis Media. Place of origin Canada & France.

CONDITION ON ADMISSION AND PROGRESS OF CASE Man enlisted 7 Feb. 1916, went to England June 1916, to France March 1917. While on duty Oct. 1917, on railway construction, was caught in a "barrage" and the concussion rendered him deaf and a discharge of blood from both ears. Left ear had slight discharge previous to enlistment, but concussion affected both ears and man was taken out of the lines and returned to England. Examination of ears shows - right ear. O.M.S.C. free discharge marked sclerosis - voice 6" Ear disability - due to service. Vision slightly impaired; requires glasses.

FAMILY HISTORY For TB and mental disease - negative.
(Tuberculosis, mental or nervous diseases.)

TREATMENT Glasses supplied - Ear dressed.
(Especially any specific or special form.)

CONDITION ON DISCHARGE Improved.
(and disposal made of case.)

Date May 29/18 L.N. Armstrong, Captain A.M.C.
Medical Officer i/c case.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.	
6487 Year 1917	725219	Pte.	Miller	Wm. O.	
Station and Date.	Unit.	Age.	Service.		
28-11-17. nose & N Liverpool	4th Leam. Lab. Co.	109	Patrol	48	22/12 8/12 0
Disease	Ch. Sup. Otitis Media. D.				
Occupation	Gardener				
Enlisted	Feb. 1916.				
England.	June 1916				
France.	14th March. 1917				
Wounded.	Dec. 22nd. 1917 Ypres.				
Hospitals:	Belgium Batteries Corner Hospital B. C. A. Mataban Pepperinge. 5th Gen. Hospital. Etaples. Berrington Wood Hospital Sherburne. West Cliff. E. & B. Hosp. Falkstone				
Right ear has been discharging for past two months and off and on for past two years. Is very deaf in both ears.					
<u>Rt.</u>	<u>Hearing</u>	<u>Lt.</u>			
5 feet	Voice	1 foot			
	Upper Limit				
206	Lower Limit	—			
—	Rime.				
decreased	Rehwaback	decreased.			
Complains of fainting spells, dizziness & nausea for past week. Right ear is painful if patient lies on that side.					
Left ear has been deaf since childhood					
Right ear - off & on since last winter.					
9-12-17	Ferrys Twice daily - No. 9				
13-12-17	All to left ear.				

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

Station
and Date.

15-12-17

Zerys twice daily.

18-12-17

Nac. irrigations t. i. d. to left ear. Labyrinth

24-12-17

No. 9 ac once. Dover's powder gr. $\frac{1}{2}$ tonight
followed by Quinine gr. $\frac{1}{11}$ in a. m. a.

Dec. 5th 1917

R Menthol gr $\frac{1}{2}$
Eucalypt.

Camph. aa gr. $\frac{1}{2}$

Albacora $\frac{3}{4}$

Nasal spray t. i. d.

26-12-17

Cactus Oil.

27-12-17

Inhalations Twice. Benzoin t. i. d.

29-12-17

General nutrition fair. Weight now 150
as compared to 175 when enlisted. Heart -
Slight tachycardia with accentuated pul-
monary sound. No murmurs. Heart -
enlarged. No arteriosclerosis. 48 yrs of age.

2-1-18

Discont. Zerys chair AD, M.C. daily.

Mag. Camp. $\frac{3}{4}$ in food.

Rd. 9-1-18 for papers.

Board 23-1-18

21-Febr. 1918

5 box Gen. Hosp

Liverpool.

Old standing condition both ears. No
discharge.

Wet Cliffe Report.

hearing. R. - 4 feet

L. - 1 foot.

Gen Condition now very good.

J. P. Oshea capt

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Filed 13371/266
12849-W-5

Name Miller, W.O.
Surname Christian Name

Regimental Number 725219 Rank Pte.

Address (in full) 49 Ridout St.,
Lindsay, Ont.

Unit 100th Bn.

Original Unit

District where paid M.D. 3.

Date of Discharge 22-5-18.

P. D. P. Filing Number 1-125-3.

Rates:—Regimental pay \$ 1.00 per diem: Field Allowance \$.10 per diem. Separation Allowance \$ 25.00 per month.

L. L. 22373—M. & D. 3009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	2457	31-5-18	58 00	2362	29-6-18	5800	2099	30-7-18	59 10		175 10
951 15 5	12773	24/2/19	70 00								
- -	12774	-	30 00								
466A 2nd	627395	7-3-19	70 00.								
1572^a 2nd	635013	13-9-19	30 00								

M. F. W. 127.
60M-6 17.
1772 39-1140.

Remarks:

Dec'n No. 13371/266 W. S. G. File No 012849-W-9

Award days at \$ per day \$ 100.00

S. A. months at \$ per mo. \$ \$ 500.00
 Less P. D. P. Credited \$ 175.10

Less further debit balance \$
 Net due paid as below \$ 324.90

49 Ridout St.
 Lindsay, Ont.

Mrs J. Miller
 same add

24.2.19
 7.3.19
 10.4.19.

TO SOLDIER TO DEPENDEN													
D	12	11	10	9	8	7	6	5	4	3	2	1	Amo
				931	912773	70.00	931	912774	30.00				24.2.19
				466A	927398	70.00	1572A	935013	30.00				13.3.19
				973B	422415	34.90	973B	422415	30.00				10.4.19
							863B	457977	30.00				12.5.19
								489195	30.00				
Total							Total						

GEN'L AUDITOR
 Posting checked by
J. Holburn
 Date . . . 11/19

10/19

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom *Wife.*
Mrs. Isoline Miller

By Whom Assigned *Miller, W. O.*

Address *Lindsay,
 Ont.*

Regtl. No. *725219*

Rank *Plt.*

49 Ridout St

Corps *109th Battr B. 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				



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MILITIA AND DEFENCE
ASSIGNED PAY

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

Sheet No. 2. Mrs. Isoline Miller, Wife.
 L. L. Job 310.-Req. 6574.

Name of Soldier Miller, W. O.
 # 725219 Plt. B. Co. 109th Batten

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				15. ⁰⁰
April	1916			
May				
June				
July				
Aug.		7 15916	15	
Sept.		Q 19425	15	
Oct.		P 24204	15	
Nov.		O 27206	15	
Dec.		R 30195	15	
Jan.	1917	K 40991	15	
Feb.		R 46278	15	
March		D 52356	15	15.6
April		y 3674	15	15.8
May		y 10873	15	
June		X 16479	15	D
July		Y 23837	15	B. 49 Ridout St Lindsey Ont
Aug.		M 33729	15	26/7/17/18
Sept.		M 39768	15	D
Oct.		b 44146	15	
Nov.		N 50726	15	
Dec.		M 61217	15	
Jan.	1918			2.55
Feb.				
March				
April				
May				
June				
July				

AUG 1 1916

a.d.

af me

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.				

1-3-16.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Isline Miller
Address ~~Mary St.~~
49 Ridout St. Lindsay
mt

Name of Soldier Miller W.O.
Regtl. No. 725219
Rank Plt.
Corps 109th Battalion

Relation to Soldier }
wife, child or mother } wife

To what Corps belonging }
when called out }

✓ ✓

PAYMENTS

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





part 1

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part 2

part 3
part 4

part 5

part 6
part 7
part 8
part 9
part 10
part 11
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part 15
part 16
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part 18
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part 96
part 97
part 98
part 99
part 100

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Estlin Miller

PAYMENTS.

Name of Soldier

Miller W.O.

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

725219

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	G2459	40	40
May		R4037	20	20
June		Z2993	20	20
July		W10736	20	20
Aug.		H12793	20	20
Sept.		V16555	20	20
Oct.		D 19290	20	20
Nov.		J 21993	20	20
Dec.		J 25930	20	20
Jan.	1917	U 29008	20	20
Feb.		U 32116	20	20
March		U 35195	20	20
April		U 1672	20	20
May		U 4940	20	20
June		U 8039	20	20
July	23/7/17	U 0869	20	20
Aug.		D 16598	20	20
Sept.		K 18596	20	20
Oct.		S 20805	20	20
Nov.		I 23824	20	20
Dec.		R 25274	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

320
↑

49 Ridout St. Lindsay S.B.

440

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 10 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."
- 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.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- 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.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- 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... Q.M.H. Kingston, Ont. DATE... 8th May 1918.

1. 1 (a) Unit... 4th Can. Lab. Bn. (b) Regimental No... 725219 (c) Rank... Pte.
 (d) Surname... Miller (e) Christian name... Wm. Oliver.

2. Age last birthday... 48 Date of birth... 1st Dec. 1869

3. Enlisted at... Lindsay, Ont. on... 7th Feb. 1916.

4. Personal description:—

(a) Height... 5' 7" (b) Weight... 160 (c) Complexion... dark.
 (d) Colour of hair... Slightly grey. (e) Colour of eyes... (f) Identification marks...
Scar on lower third right leg posteriorly.

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

49 Ridout St., Lindsay, Ont.

6. Former trade or occupation... Gardener.

7. (a) Service	PERIODS	
	Years	Days
	From	To
<u>309th Bn. C.E.F.</u>	<u>7 Feb. 1916.</u>	<u>Jan. 1917.</u>
<u>4th Can. Lab. Bn.</u>	<u>Jan. 1917.</u>	<u>date.</u>

(b) Has he been overseas? Yes, 8 months in France. Original disease or disability... (1) Otitis Media, (a) left ear since childhood. (b) Right ear Oct. 1917.

(a) Date of origin... (1) Oct. 1917. (2) Jan. 1918. (b) Place of origin... (1) Belgium. (2) Liverpool.

(c) Cause*... (1) Shell concussion. (2) Unknown.

(d) Present disease or disability... (1) G.M.S.C. double. (2) Defective vision.

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.]

Man is quite deaf in both ears, but right ear is somewhat better than the left. Left ear has been slightly affected since childhood, but since recent injury by concussion the condition is aggravated, the hearing is limited to

M. F. B. 227. 6". (P.T.O.)

9. Present condition.—(Continued.)

Slight intermittent purulent discharge from right ear. Specialist's report says:- right ear O.M S.C. free discharge. Voice 2 feet. Left ear - marked sclerosis. Voice 6". Ear disability due to service. Man complained of defective vision while receiving treatment in Liverpool, England.

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

Nervous... Yes Digestive... Yes Respiratory... Yes Cardiac... Yes Genito-Urinary... Yes Skin, Middle Ear, Eye or any other part... Ears & eyes. (For

former see above) Specialist's report on eyes, as follows:- Myopia & (Presbyopia, age 45.) R.V. - 20/100 : 20/30 with - 1.75 D. L.V. - 20/30 not improved.

Add plus 1.25 D to read J.I. Requires glasses. No eye disability.

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

Man gives a history of slightly defective hearing in left ear since childhood. While doing railway construction work at Zonnebeck, Belgium, Oct. 1917, was caught in "Barrage" and the concussion caused extensive injuries

(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.

to both ears, with free suppuration & haemorrhage.

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

(1) Yes, in left ear. (2) No. Right ear ^{due} certainly ~~not~~ to service.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 1 & 2, No.

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

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

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

Hospitals in France & England.

Q.M.H. Kingston, since 4th April 1918.

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.)

1 & 2, No.

16. Can the former trade or occupation be resumed? **1 & 2, Yes.**
(If not, briefly state why.)

17. Recommendations **That this Soldier be discharged.**

L. N. Armstrong Captain
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 **W.O. 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

W. O. Miller
Signature of soldier 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 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.**

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).
- (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).

Ear disability contracted in 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.

PLACE... Kingston.

DATE... May 14/18.

Wm. Gibson President.

A. D. Macbally Members.

Sm. Asselstine Capt. ad. e.

APPROVED BY

APPROVED BY

W. O. Miller Captain A. M. C.
For A. D. M. S. District No. 3.

Director-General of Medical Services.

DATE MAY 17 1918

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, *W. O. Miller*, 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.

PLACE.....

DATE.....

President.

Members.

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. <i>725219.</i>	
Rank	<i>Pte.</i>
Surname	<i>Miller</i>
Christian Name	<i>William. Art.</i>
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	<i>109th Bm.</i>
Date of Discharge	<i>22/5/18</i>
Place of Discharge	<i>Kingston</i>
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <i>48.</i> years <i>5.</i> months.	Descriptive Marks <i>Four vaccination scars on right arm and one vacc. on left arm. Scar on right leg.</i>
Height <i>5.</i> feet <i>8.</i> inches.	
Complexion <i>Dark</i>	
Eyes <i>Blue</i>	
Hair <i>Dark Grey</i>	
Trade <i>Gardener</i>	
Intended place of residence (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of <i>medically unfit for further service.</i>	
<i>End 88-M-632</i>	
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.
	<i>Very good.</i>
	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.)	<i>Gardener</i>

M. F. B. 218.

100M.-1-17.
H. Q. 1772-39-113.

*H.C.D.
1-3-20 AD.*

(OVER)

*W.S. G. Comp.
11-2-1997M.*

8-21-56

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

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

6. Medals and Decorations.....

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) Kingston

J. B. Bridgall Lt.-Col.

(Date) 22/5/18

O. C. District Depot No. 3
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) Kingston, Ont. W. J. Miller (Signature of Soldier.)

(Date) May 15th 1918 D. L. M. Cormick (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) 2 years 10 days.

Total 2 years 10 days.

11. Confirmation of Discharge.

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

(Place) Kingston

J. B. Bridgall Lt.-Col.
(Signature) O. C. District Depot No. 3

(Date) 22/5/18

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.)

Paid up in full to the April 30th 1918

W. J. Miller

<p>Attestation Paper, Military Form B. 203</p> <p>Proceedings on Discharge, B. 203</p>	<p>Reg. Conduct Sheet, Military Form B. 203</p> <p>Company, Battery, Squadron } Conduct Sheet, B. 203</p>
<p>In the case of recruits who are referred on final approval, the discharge documents will consist of:</p> <p>(a) Proceedings on Discharge</p> <p>(b) Attestation</p> <p>(c) Medical History Sheet (in the event of such having been presented)</p>	<p>Copies of Convictions by C.P. in MS.</p> <p>Med. Hist. Sheet, Military Form B. 312</p> <p>Medical Report for Invalids, B. 227</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, D. 817</p> <p>Only if discharged "Medically unfit"</p>

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

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

Reservations referred to at Para. 8.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218.
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.	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.)

*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.

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

10. Statement of Service.

Service toward Engagement to ... to which the Period of Service is ...

11. Confirmation of Discharge.

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

(Signature)

Forms

I. 1237

12

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
P.T. 684 Year	725 219.	Pte.	Miller.	W. O.
	Unit.	Age.	Service.	
	4 Can. Lab. Batt.	"A" Coy.	48.	1 ¹⁰ /12
Station and Date.	Service in the Field.			
29 OCT 1917	8 mths.			
	Disease (Stomach)	Slight.		
	Deafness 276	Severe.		
		Dangerous.		
	Old Chronic Suppurative Otitis Media			
Religion.	C. E.			
Next of kin.	Wife. 49 Ridout St. Lindsay, Ontario.			
	Condition of wounds on Admission.			
	If in action, and where.			
	When such wounds were received.			
	Stations and Hospitals where treatment given.			
	13 Aus Rd and CCS 3rd Aust, 56 th Gen Hosp			
	If Anti-Tetonic Serum administered, when.			
	Treatment.			
	This man is very deaf			
	Complete deafness left ear.			
	Recommend ear + Throat Hospital			
	An Specialist's report.			
	Deaf also right ear. W.A. Stewart			
	Specialist's Report attached.			

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

Station
and Date.

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C.E. MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 6487	Regimental No. 725219	Rank. Pte	Surname. Miller	Christian Name. Wm O.
Year 1917	Unit. 4 th Can. Lab. Bn. 109 th Bn.		Age. 48.	Service. 22/12 8/12 0.

Station and Date.
28/11/17.

Disease Ch. Sup. Otitis media D.

Right ear has been discharging for past 2 mos. and off and on for past 2 years. I'm very deaf in both ears.

<u>Rt.</u>	<u>Hearing</u>	<u>Lt.</u>
5 feet.	Voice.	1 foot.
	Upper limit.	
256.	Lower limit.	—

To: — Rinne

Acoustic. Schwabach decreased.

Complains of fainting spells ^{for past week.} dizziness or nausea.
Right ear is painful if patient lies on that side.
Left ear has been deaf since childhood.
Right " " " " " off on since last winter.

9/12/17. Temp. twice daily. WMS.

No. 9.

13/12/17. Also to Left ear. WMS.

15/12/17. Temp. 9.4 h. WMS.
twice daily.

18/12/17. Hot irrigations t.i.d. to Left Ear.
Labyrinth.

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

Station
and Date.

MEDICAL CASE SHEET

for sent to Canada

No. 9/1/18 for papers
Board 23/1/18
#5 6/1/18 Liverpool

2/1/18. Board & Temp about. A. B. D.C. daily
Temp. 37.5 no more

31/12/17. Miss Brody, please. MMS.

No. 18/12/17. 118 papers
to arrive Soliman. 118 papers
Kumura. Heart enlarged.

29/12/17. General tubercle in face
1/20 on comparison to 195 when
Heart: High Kochy cardiac act
ascertained pulmonary heart, as

28/12/17. Examination by Dr. Staged, please
credit. MMS.

27/12/17. Dr. Inspector Post. 9.0h
Indolence Post. 9.0h trial.

26/12/17. Dr. Carter Oil. MMS.

Agency. 18 months. 9.0h.
Agency. 18 months. 9.0h.
Agency. 18 months. 9.0h.
Agency. 18 months. 9.0h.

24/12/17. No. 9. at 10.0h
Borneo Packer 9.0h to 9.0h
Attended by Miss. 9.0h to 9.0h
No. 25.

13-1-0.
WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLKESTONE. JANUARY 5th 1918.

O.C. West Cliff Canadian Eye & Ear Hospital.

President Medical Board.

OTITIS MEDIA, DOUBLE.
CHRONIC SUPPURATIVE.

Pte. Miller.
725219. W.O.
109th Battn.
4th Can. Lab. Bn.

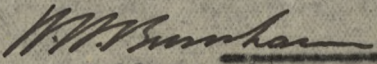
The marginally named man was admitted to this Hospital suffering from chronic suppurative otitis media, double. Right ear has discharged for the past 2 months and for the past 2 years off and on. He is very deaf in both ears, hearing voice at 4 feet in right ear and 1 foot in left.

This man is 48½ years of age and will not be improved much in 6 months.

His general condition is poor. Heart shows slight tachycardia and is slightly enlarged.

Recommend that this man be invalided to Canada on account age and for further treatment of his otitis media.

BHM/V 7.
5-1-18.

 Major D.A.M.C.
for O.C. West Cliff Canadian Eye & Ear Hospital.

~~SECRET~~

THE SECRETARY OF THE ARMY
WASHINGTON, D. C.
MAY 15 1945
SIR:
YOUR LETTER OF MAY 10, 1945,
RE: [REDACTED]
IS RECEIVED. THE MATTER
IS BEING CONSIDERED.
YOUR COPIES OF THE
[REDACTED] REPORT
OF [REDACTED] ARE
BEING REVIEWED.
YOUR COPIES OF THE
[REDACTED] REPORT
OF [REDACTED] ARE
BEING REVIEWED.
YOUR COPIES OF THE
[REDACTED] REPORT
OF [REDACTED] ARE
BEING REVIEWED.
YOUR COPIES OF THE
[REDACTED] REPORT
OF [REDACTED] ARE
BEING REVIEWED.

Yours very truly,

[REDACTED]

Very truly yours,

[REDACTED]

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>6487</i> Year <i>1917</i>	Regimental No. <i>725 219</i>	Rank. <i>Pte.</i>	Surname. <i>Miller</i>	Christian Name. <i>Wm. O.</i>
	Unit. <i>4th Can. Lab. Co. 109 Bata</i>	Age. <i>48</i>	Service. <i>22/12 8/12 O.</i>	
Station and Date. NO. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL <i>19 Feb. 1918</i>	Disease <i>Ch. Sup. Otitis Media. J.</i> <i>Old standing condition both ears.</i> <i>No discharge.</i> <i>Went Cliffe Report.</i> <i>Hearing: R. - 4 feet</i> <i>L. - 1 foot</i> <i>Gen. Condition was very good.</i> <i>J. Posner Capt</i>			

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

Station
and Date.

10-12
10-13

Corps 4th Can Lab. Bn. 109th Bn.

CLINICAL CHART.

(To be attached to Case Sheet.)

Military Hospital

Army Form B. 181.
WEST CLIFF CANADIAN EYE AND
EAR HOSPITAL FOLKESTONE

No. 725219.

Rank and Name Pte Miller Wm O.

Age 48.

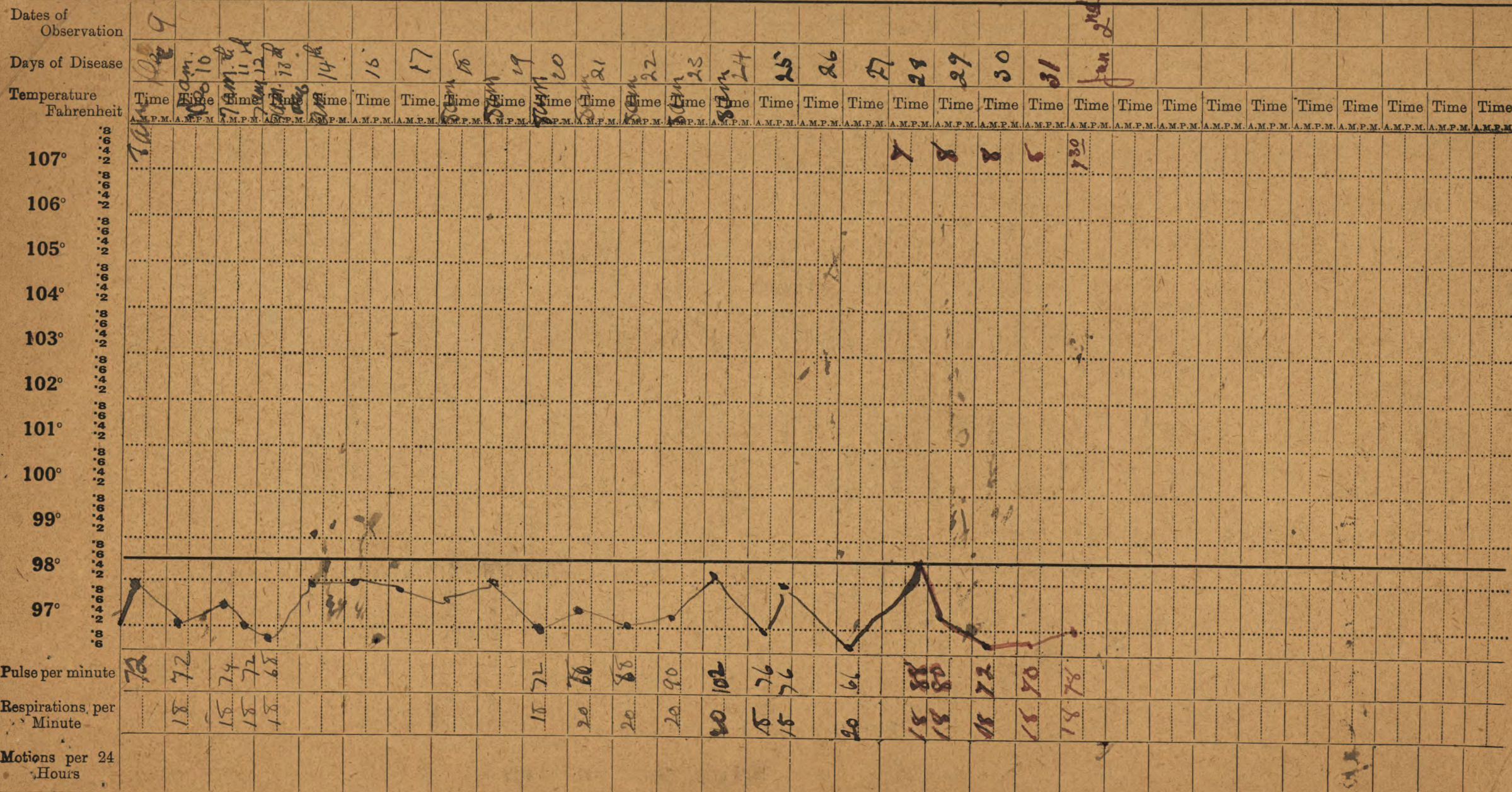
Service 22/12. 8/12.

Disease Ch. Sup. Otitis Media D.

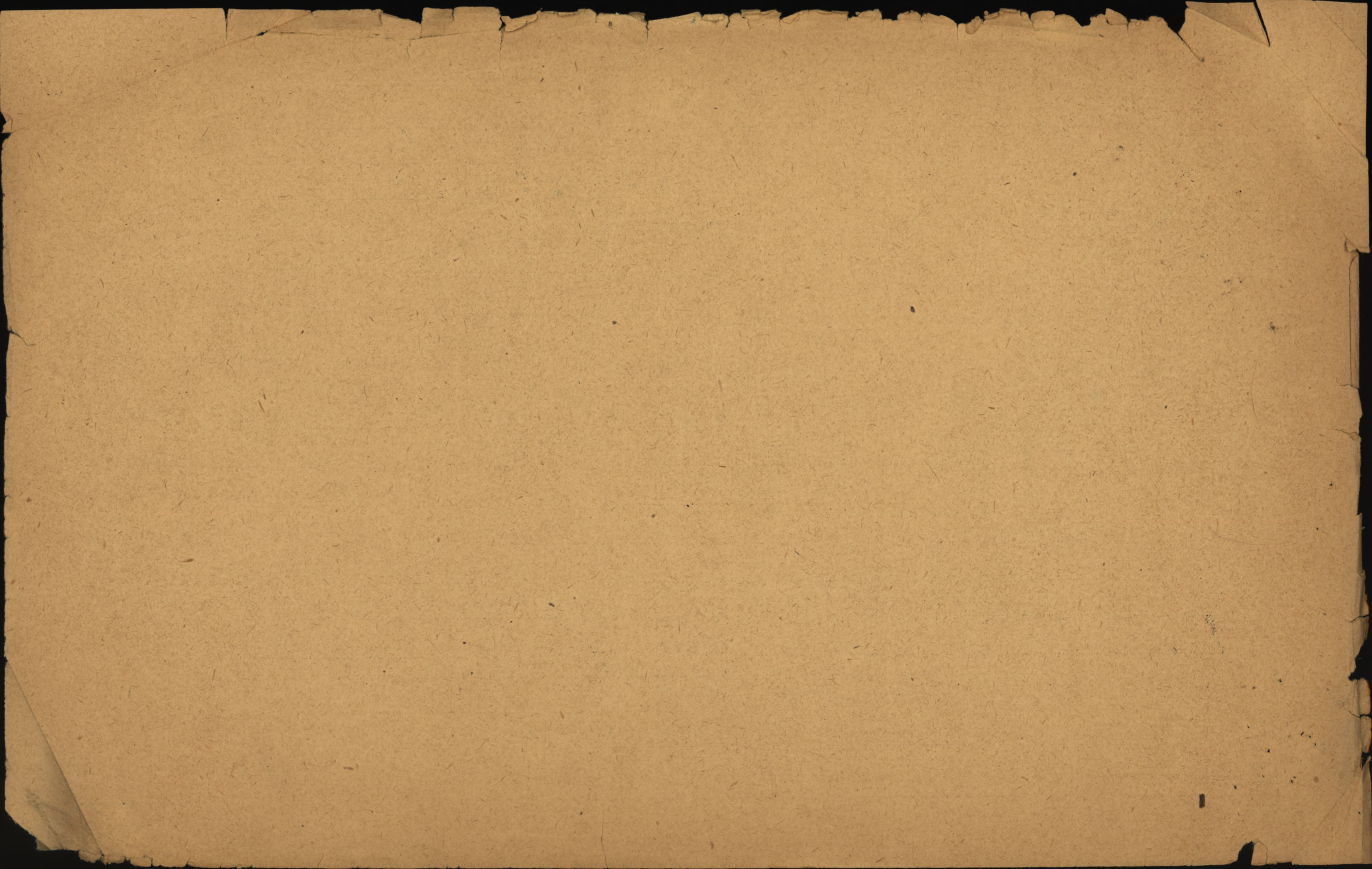
Date of admission 28/11/17

Date of discharge

Result



Signature W. M. [unclear] Sgt. In charge of case.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

Separation and Assigned Pay Branch

aug 1 / 16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00		
	1-12-17		

P.C. 3257

RATE OF ASSIGNMENT

15'			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 725219
 Rank Pte Promoted Reverted Discharge
 Soldier's Name W O Miller
 Battalion 109th BATTN B Coy
 Beneficiary Mrs. Isoline Miller
 Relationship wife
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Isoline Miller (wife)
 Address Lindsay Ont 49 Ridout St
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31		440	255	695	
Jan 18	67582	30	15	45	✓
Feb	74629	25	15	40	
Mar	95330	25	15	40	
W April	10523	25	15	40	✓
		545	315	860	

30/4/18 A/c Closed
 Ret'd per L. Castle
 Date 10/4/18 F.X. 13/4/18
 Clerk William Young

CANADIAN
 ASSIGNED PAY AUDITED
[Signature]
 AUDIT CLERK
 DATE 19-5-19

M. F. W. 128.
 400K 6-7-1772-39-1141
 L. L. 22230-M. & D. 7693.

A STENCIL
 HAS BEEN MADE
 FOR THIS ACCOUNT

MRO 2 Rendered 13-4-18 W.Y.

