

"B" Coy.

ATTESTATION PAPER.

No. 725100

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Mills*
- 1a. What are your Christian names?..... *Philip Cecil*
- 1b. What is your present address?..... *Onemee*
2. In what Town, Township or Parish, and in what Country were you born?..... *Onemee*
3. What is the name of your next-of kin?..... *Sam Mills*
4. What is the address of your next-of-kin?..... *Onemee Ont Can*
- 4a. What is the relationship of your next-of-kin?..... *Father*
5. What is the date of your birth?..... *14th June. 1896*
6. What is your Trade or Calling?..... *Carpenter*
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?..... *Yes*
10. Have you ever served in any Military Force?.. *45th Regt. 3 yrs*
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, *Philip Cecil Mills*, 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.

Philip Cecil Mills (Signature of Recruit)

Date *Dec 15* 191*5*. *W J Thom Capt* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Philip Cecil Mills*, 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.

Philip Cecil Mills (Signature of Recruit)

Date *Dec 15* 191*5*. *W J Thom 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 *5th* day of *January* 191*6*

[Signature] (Signature of Justice)

Description of Philip Cecil Mills on Enlistment.

Apparent Age..... 19 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height..... 5 ft. 5 1/2 ins.
 Chest measurement { Girth when fully expanded..... 36 ins.
 Range of expansion..... 4 ins.

Complexion..... Fair
 Eyes..... Blue
 Hair..... Lt Brown

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

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

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

*Tattoo mark on right arm.
 Hands clasped*

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..... Dec 15 1915

Place..... Lindsay

J. McCulloch Capt.
H. Boyd 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.

Philip C. Mills..... 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)
 Q. C. 109th Overseas Battalion, C. E. F.

Date..... JAN 15 1916 1916

WAR SERVICE RECORDS D.V.A.

MILLS PHILIP CECIL

7
25100

38 BN

23367

DEMOB.





725100

I.D. number
No. d'identification

MILLS

Surname
Nom de famille

PHILIP CECIL

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

OPEN
ATA

Location
Lieu

6218



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 *725100*.....

(3) Full Name of Soldier *Philip Cecil Miles*.....

(4) Place of Birth *Omanee*.....

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

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

(b) Present Postal Address.....

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

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

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

Also their names and ages.....

(9) Is your Father alive? *yes*
If so, state name and address *Samuel Mills Owens, Oak*

(10) Is your Mother alive? *yes*
If so, state name and address *Mrs P Mills, Owens, Oak*

(11) If your Mother is a widow *no*
Are you her sole support, or not?

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

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

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

(15) Are you insured? *yes*
If so, in what Company? *Woodman of the World \$1000*
Have you made arrangements for payment of your Insurance premium? *yes*
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 8th 1916*

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

SURNAME.

Mills, M. M. auth. C. G. 30287. 17/6/17

y 3. CARD NO.

CHRISTIAN NAMES

Philip Cecil.

S.S. Dis. 16/6/19
FOLL. Serial
100 1770 of 2 6519
H 352
Batt

REGL. NO.

725100

RANK

Pte.

UNIT

109th

FORMER COPPS

45th Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Mills, Sam.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Omeme, Ont.

COUNTRY OF BIRTH

Canada, Omeme, Ont.

DATE

June 14th 1896.

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Jan 8th 1916.

L. L. 90 89.-M. & D. 6312

filed from Halifax Per, S.S.
"Olympic" 23-7-16



488
24

R/C 13-6-19 347
616 pl

M. F. W. 22. 100m.-1.16. H. Q. 1772-39 839.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Carpenter

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

19 YEARS

6 MONTHS

HEIGHT

5 FEET

5½ INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

4 INCHES

COMPLEXION

Fair.

EYES

Blue.

HAIR

Lt. Brown.

DISTINGUISHING MARKS

Tattoo mark on right arm.

"Hands clasped."

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Dec. 15th 1915.

No. 725100 RANK

Pte

NAME

Gills. P.

b.

T. O. S. 15-12-15.

UNIT

109th. Battalion

S. O. 29. 5-1-16

M. D. 3

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID FROM

PAID TO

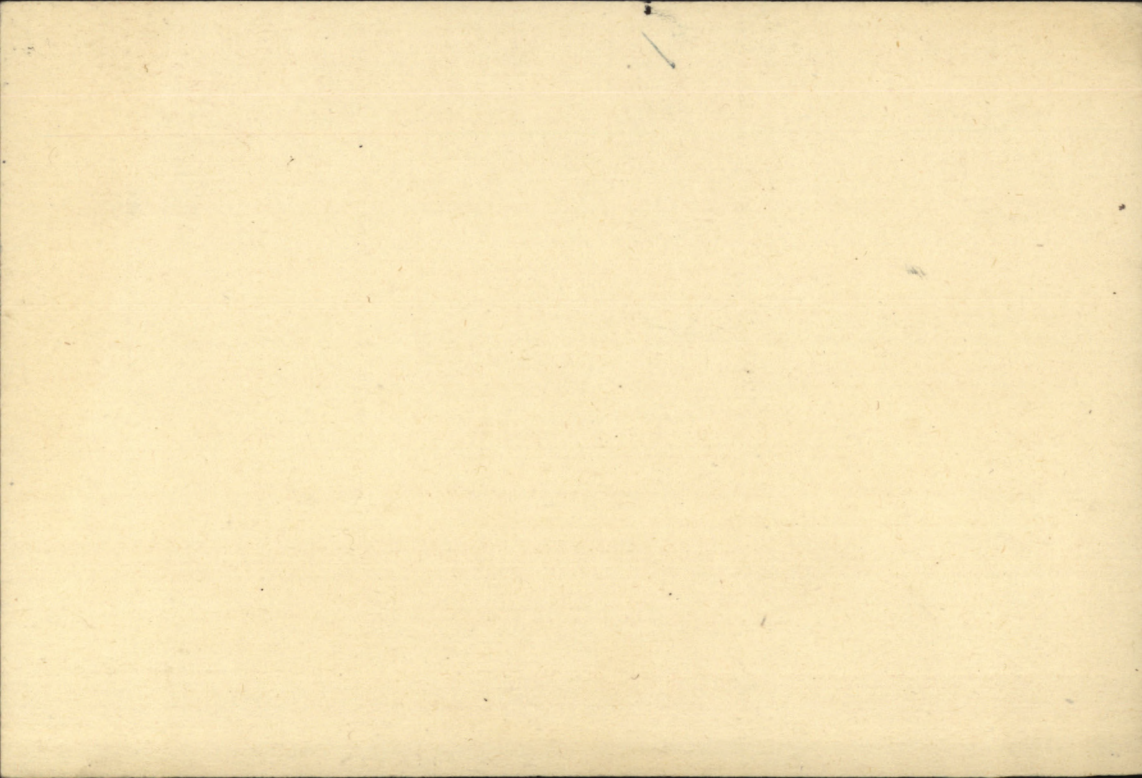
SIG. OR REC'T

PARTICULARS

AUTHORITY

1915	1916	
Dec 15	Jan 31	✓
Feb.		✓
Mar.		✓
April.		✓
May.		✓
June.		✓
July.		✓

UNIT SAILED
JUL 23 1916



NAME *Mills P. C.* REGT. No. *725100*
RANK AND UNIT *Pfc. 38th Battalion*

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS	EOP
a 323 (1)	#13 Can 3rd Amb.	14-9-18	J. C. T. R. Hand	
a 326 (2)	13 Cas., Clg. Stu	18-9-18	" " " " "	
a 334 (3)	#56 Gen., Etaples	26-9-18	" " " "	
a 337 (4)	6 Conv. Dep. Etaples	30-9-18	" " " "	
a 362 (2)	5 Conv. Dep. Cayeux	2-10-18	" " " "	
a 387 (2)	Discharged	19-11-18	" " " "	
a 437	12 Can. 3rd. Amb	26-1-19	tonsillitis L	
a 441	Discharged	30-1-19	" " "	

Philip Cecil ~~MC~~ ~~MC~~

Name Mills - Rank Pte. Reg. No. 725100

Unit 38 Bn

(Next of Kin) Sam Mills' Amnee out
(Father)

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14-9-18	13 Can 72d Amb	MC Hand R		2333		36830
18-9-18	13 C.C.S.		Do	2336		36924
26-9	5.6 B.F. Supplies		Do	2334		4437
30-9	6.6 B.F. Supplies		Do	2337		4530
2-10	5.6 B.F. Supplies		Do	2362		5298
19-11	Discharged		150	2387		5949-15
26-1-19	12. C. F. U.	T. M. L. L. L. L.		2437		41976
30-1	Discharged		Do	2441		42102

EM
M

B
V

Number. 725100 Rank. Cpl

Surname. MILLS

Christian Name. Philip Cecil

Units 38 Bn. Loan Inf. Theatre of War France

Date of Service. 6/12/16

Remarks.

Latest Address. P.O. Domesne

Out

Roll No.

B. Page 5621.

4234149-
22
K. J. ...

SEP 28 1921

Surname

Christian Name or Names

Reg. No.

MILLS

P. C.

725100.

Rank

Unit

Pte.

EO. 38.

Cas. List.

13 C.F.A.

14-9-18.

19-9-18. A323

ICT. Rt. Hand.

23.9.18 @ 326 (2)

13. G. G. Sta

18.9.18

2.10.18 @ 334 (3)

56. Gen. Staples.

26.9.18.

5.10.18 @ 339 (6)

6. Gen. Dep. Staples.

30.9.18.

4.11.18 @ 362 (2)

5. Con. Dep. Cayeux

2.10.18

3-12-18 a/387-2.

Disch :-

19.11.18.

5.2.19. A437

12 G. G. Amb

26.1.19

Lousillitis L

10.2.19 A441

Discharged

30.1.19.

Cas. List.

FILE No.

425100

VOL.

SUBJECT

Mills Philip

CHARGED TO

PER

DATE

CHARGED TO

PER

DATE

Sten

17/4/39

Sten

30/8/39

Sten

26-4-43

THIS CHARGE-OUT AND ABSENT CARD MUST NOT LEAVE THE REGISTRY

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 725100 Rank Cpl Surname Mills
(Given name in full)
Phillips Cecil
 Unit or Corps Cav Birthplace Menacee Ont.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION: Estimated
 Physique good Weight 140 lbs. Height 5 ft. 6 in. Colour of Eyes Blue
 Nutrition good
 Pulse 68 Regular
 Condition of arteries soft
 Vision Rt. 6/12 Left 4/12
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

Tattoo - Right forearm
Clasped hands
& P.C. Mills.
Scars through wound
on left arm

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System yes Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

14/9/18 - Infected connection tissue - Right wrist.
Healed - no disability
26/1/19. Insults - Recovered no disability

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)

Date 9/5/19

Signed [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature [Signature]

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at [Signature] (Canada)

Date 16/6/19

Signed [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature [Signature]

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

725100

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Mills Christian Name Phillip Cecil

Examined { on 3rd day of January 1916
 at Lindsay
 Birthplace { City or Town Brimley
 County Ontario

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

Apparent age 19 years
 Trade or occupation Carpenter
 Height 5 Feet 5 1/2 Inches.
 Weight 132 Lbs.
 Chest measurement { Minimum 32 inches.
 Maximum expansion 36 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.

Vaccination Marks { Arm Right none Left two
 Number two
 When Vaccinated last January 25th 1916
 (a) Marks indicating congenital peculiarities or previous disease none

Date	Result	VACCINATIONS.
<u>25.1.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12.6.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>18.6.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>26.6.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.

Enlisted on 15th day of December 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt.</u> <u>C. E. F.</u>	<u>725100.</u>		<u>15.12.15.</u>
Transferred to..	<u>38th Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. *279632*

THIS IS TO CERTIFY that No. *725100* (Rank) *Boone*
 Name (in full) *Mills Philip Cecil* enlisted in
 the *109th Bn*
 CANADIAN EXPEDITIONARY FORCE at *Lindsay* on the *15th*
 day of *December* 19 *15*
38th Bn in *France*
 HE served in _____
 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 <i>22</i>	Marks or Scars _____
Height <i>5' 5 1/2</i>	<i>Tattoo Right Forearm</i>
Complexion <i>Fair</i>	_____
Eyes <i>Blue</i>	_____
Hair <i>Lt. Brown</i>	_____

 Signature of Soldier

 Issuing Officer

 Rank

Date of Discharge _____
 Date _____ 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. 125100 (Rank) Sergeant
 Name (in full) W. J. B. Jones
 the 10th Bn
 CANADIAN EXPEDITIONARY FORCE at France
 on the 10th
 day of December
 1918
 and he has been discharged from the service by reason of
 Demobilization
 Medical Fitness

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

Age 32
 Height 5' 6"
 Complexion Fair
 Eyes Blue
 Hair Dark
 Marks or Scars None
 Signature of Soldier W. J. B. Jones
 Leaving Officer W. J. B. Jones

Date of Discharge 10th Dec 1918
 Rank Sergeant
 Date 10th Dec 1918

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

Sheet 2

Regimental Number 725100

Casualty Form—Active Service.

Regiment or Corps *38th Can. Inf Bn*

Rank *Capt* Surname *Mills* Christian Name *P. 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 **W.S.P. CLASS A.** 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 ..		
1- MAI 19		Proceeded to England.		1- MAI 19	
<i>6.6.19</i>	<i>Bramshott S.O.S.</i>	<i>Proceeding to Canada</i>			<i>Lieut. for Lt Col. A. A. G. Canadian Section, G. H. Q. - 3rd, Ech. # orders</i>
<i>6.6.19</i>		<i>T.O.S. sub-depot 3000</i>	<i>Ottawa</i>		<i>we punch for ady 38 Bn HQ 177</i>
<i>16.6.19</i>		<i>S.O.S. Dis RO 1420</i>			<i>" 177</i>
					<i>Lieutenant For O. C. No. 3 District Depot</i>

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

D.S.M.

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. *25100*

Rank

Private

Name

Hills Philip Cecil

Enlisted (a) *15.12.15*

Terms of Service (a)

D of W.

Service reckons from (a) *15.12.15*

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)

Carpenter.

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				

B. CLASS. A.

	<i>Embarked Canada</i>	<i>Halifax</i>	<i>24.7.16.</i>	
	<i>Disembarked England</i>	<i>Liverpool</i>	<i>31.7.16.</i>	

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

CERTIFIED CORRECT,
2 DEC. 1916
S.A.F.E.
A.H.E.C. HALIFAX June 13 1919

<i>4/12/16</i>	O.C. 109th Battn.	Proceeded overseas for service with 38th Bn.	<i>Witley</i>	<i>5/12/16</i>	<i>D.O. Pt. 11.339.</i>
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H-M-T Olympic
D & HEMTON 6/6-19
A.H.E.C. HALIFAX June 13 1919

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

<i>6.12.16</i>	C.B.D.	TAKEN on STRENGHT 38th Havre		<i>6.12.16</i>	N. R.
<i>14.1.17</i>	»	Left for Unit	FIELD	<i>1.1.17</i>	N. R.
<i>13.1.17</i>	Unit	Joined Unit	FIELD	<i>9.1.17.</i>	B. 213. DCS. 80 d 22.1.17

Pazette awarded to M.M. for bravery in the Field.

30287 P.O. 96d. 17 OCT 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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

725100
Mills PC.

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				
-1 DEC 17 15 DEC 17 9. 3. 18	388- Unit "	14 days leave. Joined Unit One S. C.B.	FIELD	25 NOV 17 11.12.17 15.12.17	B213 Pro. 118-15.12.17 B. 213. " 2023 - 22.3.18.
14. 9. 18	1267th	J. G. Land. adm. to 1367th		14.9.18	a 9319.
17. 9. 18	13 "	" adm 14/9 to 42 CCS		16.9.18	a-9445
18. 9. 18	13 CCS	" " 13 CCS		18.9.18	a 9502.
26. 9. 18	"	" to 15a.T.		26.9.18	a 9809.
30. 9. 18	56 Gen.	" to 56 Gen.		"	W. 5792.
30. 9. 18	6 CD.	" to 6 CD.		30.9.18	W 6582
27. 10. 18	"	" to 5 "		27.10.18	W. 6631
31. 10. 18	5 "	adm 5 "		"	W-122.
19. 11. 18	"	remaining to Base.		31.10.18	K.L. 17-232.
20. 11. 18	63 Bd.	20th A		19.11.18	W-3294
23 NOV 18	C. B. D.	Left for ccc	Field	23 NOV 18	" 101477
23 NOV 18	ccc	Joined	Field	23 NOV 18	" a1846
-4 DEC 18	"	Left for Unit	FIELD	-4 DEC 18	" B2100
14 DEC 18	Unit	Joined Unit	FIELD	-9 DEC 18	B213.
27-12-18	"	14 days leave to UK		27-12-18	" 202/19
11-1-19	Unit	Returned from leave		7-1-19	B213.
26. 1. 19	1267th	Insultitis	adm.	26.1.19	a 5824.
30. 1. 19	"	to duty		30.1.19	a 5910.
1. 2. 19	388th	Rejoined Unit		31.1.19	B213.
22. 2. 19	"	To the Lee/Carparal	comp. stat.	16.2.19	" 20.14/19.
15. 3. 19	"	" " Carparal		9.3.19	" " 17/19.

Rank *Pl* Name **MILLS, Philip Cecil** ✓ Reg'l No. **725100.** ✓
 Unit **109th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.** ✓
 Place and Date of Enlistment **Lindsay 15th Dec. 1915.** ✓ Place of Birth **Omeme.** ✓
 Name and Address, Next-of-Kin **Sam Mills.** ✓
Omeme. Ont. Canada. Relationship **Father.** ✓
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

NY HB No **15586**
 File R.L.
 Category **Can OR**

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.	From whom received.				
	<i>C</i>	Arrived in England per H. M. T. 2810		31-7-16	<i>A.F.B. 123</i> <i>11 DEC 1916</i> <i>ASB:m</i>
4.12.16	06109 th Bn.	SOS on tfr. to 38 th Bn.	Dritley	4.12.16	Pt II DO 339
13.12.16	38th Bn	T-O-S on tfr from 109th Bnsht	<i>Field</i>	6.12.16	Pt II DO 742.
17-10-17	"	awarded <u>Military Medal</u>	<i>Field</i>	17-10-17	Pt O 96.
22/18.	"	Granted one G. C. Badge.	"	15 th /17.	" 23.
8.3.19	"	To be 1/10 pl to com bat	"	16.2.19	" 14
25.3.19	"	To be 1/10 pl " " " " " " " "	<i>Field</i>	9.3.19	" 17
4.5.19	"	Proceeded to England	"	1.5.19	" 27
20.5.19	<i>F. Wing.</i> <i>20-5-19</i>	T.O.S. pending R.T.C.	"	5.5.19	" 21
		<i>83-6-89</i>		<i>6-6-19</i>	

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.				
14. 6. 19	7 Wing	S.O.S. to Canada	Cpl B. Short	6 6 19 24	

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

**DIRECTIONS TO
DENTAL OFFICERS**

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

NAME OF SOLDIER (Block letters) MILLS, P. C.
REGIMENT 38 Can Bde RANK Cpl. No. 725100

Date of Examination in England 7-5-19 Date of Examination in France _____



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 14, 19, 3, 7
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
(a) Full Upper _____
(b) Part Upper _____
(c) Full Lower _____
(d) Part Lower _____

A. D. D. S., M. D. No. 3

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

Signature of Dental Officer C. L. Graham Esq.

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C. 20250

CANADIAN FRONTIER DEVELOPMENT
DENTAL CERTIFICATE FOR MOBILIZATION

THIS IS TO CERTIFY THAT
[Name] [Address] [City] [State] [Zip]

IS A MEMBER OF THE
[Organization Name]

706

DATE
BY
OFFICE

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

7

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. Samuel Mills.*Address *Omemece.
Ont.*Rate *15⁰⁰/₁* **AUG 7 1916**By Whom Assigned *Mills. Phillip. Cecil.*Regtl. No. *725100*Rank *Pte.*Corps *109th Batten B. Coy.*

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				



21

1

21

1

21

1

21

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2. Mrs. Samuel. Mills.

PAYMENTS.

Name of Soldier Mills. Phillip Cecil
 # 725100 Pte. "B Coy" 10th Bata

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

Month.	Year.	Cheque No.	Amt.	Remarks.
				15 ⁰⁰
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		7 15925	15	
Sept.		8 14606	15	
Oct.		1 24418	15	
Nov.		027409	15	
Dec.		R 30392	15	
Jan.	1917	2 4102	15	
Feb.		L 46109	15	
March		E 51751	15	15-B.
April		Z 3381	15	15-E.
May		Z 10149	15	15-BW
June		M 16453	15	5
July		L 26067	15	BB
Aug.		N 30993	15	L.
Sept.		N 37752	15	L
Oct.		D 44783	15	
Nov.		O 51136	15	255 ⁰⁰ M
Dec.		N 59807	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

A.D.

Y.M.C.

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.				

P. 559
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

Single
Omemee Ont
Sam Mills
Omemee Ont
Father

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Awarded Military Medal</i>	<i>30.96 17-10-17</i>	

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. *725100* RANK *Pte* NAME *Mills Philip Cecil*

IF IN PERMT. CORPS | UNIT *109th Bn* TRANSFERRED TO *38th Bn* DATE *16-1-17* AUTHORITY *20339 4-12-16*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO _____ DATE _____ AUTHORITY _____

PLACE OF ATTESTATION *Lindsay Ont.* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION *Dec. 15-1915* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY MONTHLY \$ *15⁰⁰/100* DATE EFFECTIVE *Aug 1st 1916*

PAYABLE TO *Mrs Sam Mills Omemee Ont* RELATIONSHIP *Mother*

ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____

PAYABLE TO _____ RELATIONSHIP _____

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) _____ EFFECTIVE _____ REASON _____

DISCHARGE DATE AND PLACE _____ REASON AND AUTHORITY _____

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) _____

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) _____

1
3
2
16
6-1
22
22
29

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS						
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4					1	2				3	4	CREDIT	DEBIT		
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE	No.	DATE	No.	DATE														
<i>1916</i>																																					
<i>July 31</i>																																					
<i>Aug 1-31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>		<i>10</i>	<i>3.10</i>								<i>13 10</i>	<i>13 10</i>	<i>16 96/100</i>						<i>9 73</i>		<i>15</i>	<i>24 73</i>	<i>22 47</i>											
<i>Sept 30</i>		<i>30</i>	<i>3</i>			<i>3</i>								<i>33</i>	<i>48</i>	<i>3 9/10</i>	<i>80</i>	<i>15 9/10</i>				<i>730</i>	<i>730</i>	<i>15</i>	<i>29 60</i>	<i>25 87</i>											
<i>Oct 31</i>	<i>31</i>	<i>31</i>	<i>31</i>			<i>310</i>								<i>34 10</i>	<i>120</i>	<i>30 1/10</i>	<i>159</i>				<i>9 73</i>	<i>730</i>	<i>15</i>	<i>32 03</i>	<i>27 94</i>												
<i>Nov 30</i>	<i>30</i>	<i>30</i>	<i>3</i>			<i>3</i>								<i>33</i>	<i>187</i>	<i>31 7/10</i>					<i>9 73</i>		<i>15</i>	<i>24 73</i>	<i>36 21</i>												
<i>Dec 31</i>	<i>31</i>	<i>31</i>	<i>310</i>			<i>310</i>								<i>34 10</i>	<i>240</i>	<i>15 7/10</i>					<i>4 87</i>		<i>15</i>	<i>27 17</i>	<i>43 14</i>												
<i>1917</i>																																					
<i>Jan 15</i>	<i>15</i>	<i>1.12</i>	<i>16 50</i>											<i>16 50</i>									<i>15</i>	<i>15</i>	<i>41 64</i>												
<i>Jan 16</i>	<i>16</i>	<i>1.00</i>	<i>17 60</i>											<i>17 60</i>											<i>4 36</i>	<i>57 88</i>											
<i>Feb 1-28</i>	<i>28</i>	<i>"</i>	<i>30 80</i>											<i>21 50</i>	<i>757</i>	<i>19 1/10</i>					<i>2 61</i>		<i>15</i>	<i>26 32</i>	<i>62 36</i>												
<i>Mar 31</i>	<i>31</i>	<i>"</i>	<i>34 10</i>											<i>34 10</i>	<i>884</i>	<i>16 1/10</i>	<i>945</i>	<i>8 3/10</i>	<i>952</i>	<i>24 1/10</i>	<i>47</i>	<i>2 62</i>	<i>2 62</i>	<i>15</i>	<i>25 47</i>	<i>70 99</i>											
<i>April 30</i>	<i>30</i>	<i>"</i>	<i>33 00</i>											<i>33 00</i>									<i>15</i>	<i>15 00</i>	<i>88 99</i>												
<i>May 31</i>	<i>31</i>	<i>"</i>	<i>34 10</i>											<i>34 10</i>									<i>15</i>	<i>15 00</i>	<i>108 09</i>												
<i>June 30</i>	<i>30</i>	<i>"</i>	<i>33 00</i>											<i>33 00</i>									<i>15</i>	<i>28 26</i>	<i>112 83</i>												
			<i>367 40</i>											<i>13 10</i>	<i>380 50</i>							<i>64 54</i>	<i>17 22</i>	<i>20 91</i>	<i>165 -</i>	<i>267 67</i>	<i>112 83</i>										
			<i>367 40</i>											<i>13 10</i>	<i>380 50</i>							<i>64 54</i>	<i>17 22</i>	<i>20 91</i>	<i>165</i>	<i>267 67</i>											

20339-4-12-16
2fd to 38th Bn
Eff 16-1-17

725100 Pt Mills P.C

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4					CREDIT	DEBIT										
			\$	C.			\$	C.			\$	C.																					NO.	DATE	NO.	DATE	NO.	DATE	NO.
1917																																							
Bkfd				367		40																																	
July	31	1/10	34		10																																		
Aug	31		34		10																																		
Sept	30		33			468	60																																
MONTH PARTICULARS		CR.1		CR.2		PARTICULARS		DR.1		DR.2		DR.3		DR.4		BALANCE		DEFERRED PAY		SEP. ALLCE ENG.																			
1917						150	30					150	30																										
Oct	31	1/10	34		10								15																										

* Strike out whichever is applicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1-8-16	EFFECTIVE DATE:-	
AMOUNT:-	15 ⁰⁰	AMOUNT:-	

NAME:- *MILLS Philip Cecil*
NUMBER:- *725100*

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs. Sam Mills
Omensee Out.
mother
Stopped effec. 1/6/19

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Private</i>
<i>D.O. 14. 8/3/19.</i>	<i>10/2/19</i>	<i>L. Cpl.</i>
<i>D.O. 17. 25/3/19.</i>	<i>9/3/19</i>	<i>Cpl.</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *109 Bn.*

DATE ACCOUNT FIRST OPENED:- *1-8-16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			<i>38 Bn.</i>

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>2/4/19</i>	<i>444</i>	<i>12 Bn.</i>	<i>349</i>				
<i>2/5/19</i>	<i>2322</i>	<i>F. Wing. Bn.</i>	<i>489</i>				
<i>7/6/19</i>	<i>2548</i>	<i>✓ ✓</i>	<i>4867</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
<i>D.O. 14. 8/3/19. 38 Bn.</i>	<i>1 05</i>	<i>10</i>		
<i>- 17. 25/3/19. ✓</i>	<i>1 10</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE *Trans to Canada 1/6/19 and N.R.B. 8416 12/5/19 Bramshott R.D. 2 R.R. Bal. 39*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Mar. 31</i>	<i>Bal. Fwd.</i>								<i>2399</i>		
<i>Apr</i>	<i>P.A.</i>	<i>33</i>		<i>Cap.</i>				<i>15</i>			
				<i>R.R. 85 5/4/18 38 Bn.</i>	<i>8 03</i>						
				<i>206 18 4 18</i>	<i>3 57</i>				<i>3039</i>		
<i>May</i>	<i>P.A.</i>	<i>3410</i>		<i>Cap.</i>				<i>15</i>			
				<i>306 4/5/18 38 Bn.</i>	<i>4 46</i>						
				<i>553 18/5 "</i>	<i>3 57</i>				<i>4146</i>		
<i>June</i>	<i>P.A.</i>	<i>33</i>		<i>Cap.</i>				<i>15</i>			
				<i>642 1/6 "</i>	<i>3 57</i>						
				<i>777 15/6 "</i>	<i>3 57</i>				<i>5232</i>		
<i>July</i>	<i>P.A.</i>	<i>3410</i>		<i>Cap.</i>				<i>15</i>			
				<i>885 1/7/18 "</i>	<i>4 46</i>						
				<i>964 15/7/18 "</i>	<i>4 46</i>				<i>6250</i>		
<i>Aug.</i>	<i>✓</i>	<i>3410</i>		<i>Cap.</i>				<i>15</i>			
				<i>1044 1/8/18 "</i>	<i>3 57</i>				<i>7803</i>		
<i>Sept</i>	<i>✓</i>	<i>33</i>		<i>Cap.</i>				<i>15</i>			
				<i>R.R. 1232 9.9.18 38th Bn.</i>	<i>3 57</i>				<i>92 46</i>		
<i>Oct</i>	<i>✓</i>	<i>3410</i>		<i>Cap.</i>				<i>15</i>			
				<i>R.R. 1838 5/10/18 O.S.B.</i>	<i>3 73</i>						
				<i>R.R. 1823 12/1/18 ✓</i>	<i>1 87</i>				<i>102 56</i>		
					<i>5 60</i>						
<i>Nov</i>	<i>✓</i>	<i>33</i>		<i>Cap.</i>				<i>15</i>			
<i>DEC</i>	<i>✓</i>	<i>3410</i>		<i>R.R. 1923 26/10 O.S.B.</i>	<i>1 87</i>						
<i>JAN</i>	<i>✓</i>	<i>3410</i>		<i>✓ ✓ 1964 1/10 ✓</i>	<i>1 87</i>						
				<i>CR 4952 23/1/18 O.S.B.</i>	<i>13 99</i>						
				<i>✓ 3064 1/1/18 4 C.C.R.C.</i>	<i>3 73</i>						
				<i>R.R. 2022 2/1/18 O.S.B.</i>	<i>1 87</i>				<i>136 96</i>		
				<i>21485 1/1/18 ✓</i>	<i>1 87</i>						

OVER 1120

NUMBER 725100

RANK

NAME

Mills

P. C.

Cpl. P. C.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Ind	10120			2520			45-	10596		
				AR 2833 17/1/18 12 CIB	373						
				London 90127 1/2 London	973						
				AR 2860 18/1/18 12 CIB	9733						
				v 2885 18/1/18 ✓	560						
				man 20947 9/11/18 08B	187				1870		
		10120			14346			145			
	P.P. Feb + mar	6490		AR London 92488 27/1/18	1947						
	From Cpl eff 14/2/19 (44 days)	220		London 96408 31/1/18	243						
	From Cpl. 9/3/19 23 days	115		AR 7691 9/1/19 Boulogne	466						
				v 2958 17/1/19 12 CIB	373						
				v 325 4/3/19 ✓	373						
				v 3349 15/3/19 ✓	373						
				Cap Feb + mar				30			
				AR 3559 3/4/19 ✓	365						
				v 3708 15/3/19 ✓	913						
		6825			5053			30	642		
				21 3/4/19	349						
May	Cpl. Pay Army	7350		Cap.				15-			
				198 15/4/19 ✓	349						
				Cap. May	698			15-			
				443 26/4/19 ✓	349						
		7350			1047			30-	3915		
				3364 24/5/19 Celest 973	973						
				8548 8/7/19 ✓	4867						
				DN 2322 4/5/19 7. Wg ✓	487						
					6327			0	2412		

642
73.20
79.62

698
57.03
30.00
94.01

1439
D. J. Summers
12-5-19

Los Can 6/6/19. Lh 83.88. Bu

M

War Service Badge

Class "A" No. 224633

PA '19

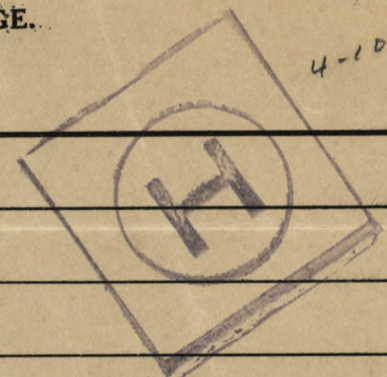
SHORT FORM.

Occupational Group No. 2

4-10-37

PROCEEDINGS ON DISCHARGE.

(Demobilization.)



1. No. 725100

2. Rank. Capt.

3. Name. MILLS Phillip Cecil.

4. Unit. 38th 13th Inf.

5. Date of Discharge JUN 16 1919 Place Ottawa G.

6. Reason for Discharge Demob^d

H-M-T Olympic
SAILED 8 'EM' TON 6/8-19
ARR'D HALIF X June 12 1919

7. Authority. R01420

8. Proposed Residence after Discharge P.O. Omemees Out

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? 39

P. C. Mills
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date JUN 16 1919

Signature.....
for O. G. Dispersal Area Station (O. C. Discharging Unit.)

Released 16-7-41
649 M-54353

Dispersal Station
Military District No. 8

ERJ

U.S. ARMY
 PROCEEDINGS ON DISCHARGE
 (Continuation)
 REPORT FORM

1. (a) Name	
1. (b) Grade	
2. (a) Date of Discharge	
2. (b) Reason for Discharge	
3. Proposed Reason for Discharge	
4. Certificate to the Soldier by Soldier	
5. Signature of Soldier	
6. (a) Name	
6. (b) Title	
6. (c) Signature	
7. (a) Name	
7. (b) Title	
7. (c) Signature	

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

Date: _____
 Place: _____

LIST OF DISCHARGE DOCUMENTS

Medical Form W. 20	Attestation Paper, Physicians
Medical Form W. 133	of Practitioner of Medicine
Medical Form W. 178 or A. F. B. 132	First Comfort Sheet
Medical Form W. 24 or A. F. B. 134	Casualty Form
Medical Form W. 21	First Day Certificate
	Certificates that missing documents are不可得
Medical Form B. 213 or A. F. B. 174	Medical History Sheet
Medical Form W. 179 or A. F. B. 135	Proceedings of Medical Board
Medical Form W. 403	Dental History Sheet
Medical Form W. 175 or A. F. B. 131	Medical Report
Medical Form W. 204	Regimental Comfort Sheet
Medical Form W. 205	Company Comfort Sheet

LIST OF DISCHARGE DOCUMENTS.

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

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 (M.F.B. 218a).
 8. Discharge Certificate (M.F.W. 39).
 (Enclosed in special envelope (260M)).
 9. Copy of Discharge Certificate (M.F.W. 39a).
 10. Dispersal Certificate (C.D.3).
 11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
 12. Last Pay Certificate (P. 851).
 13. Pay Book (A.B.64).
 14. War Service Gratuity (Form M.F.W. 2595).
 15. Laundry Documents.

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
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Group..... **B**
 Checked by No.....
 Date **5 JUN 1919**

AUDIT PAYMASTER
W.M. Mills

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

M. OR S. _____ REGT. No. *725100* RANK *Cpl* NAME (IN FULL) *MILLS, Philip Cecil*

NEXT OF KIN _____ ORIGINAL UNIT C.E.F. *109th Bn* IF IN P.F. WHAT UNIT? _____

ADDRESS *Nil* PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION *15/12/15* TRANSFERRED TO *38th Bn* DATE _____ AUTHORITY _____

IS SEPARATION ALLOWANCE PAID? _____ DATE EFFECTIVE _____ ASSIGNED PAY \$ *15⁰⁰* DATE EFFECTIVE _____

TO WHOM PAID *Nil* RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS *Nil* PAYABLE TO *Mrs Samuel Mills* RELATIONSHIP *Mother*

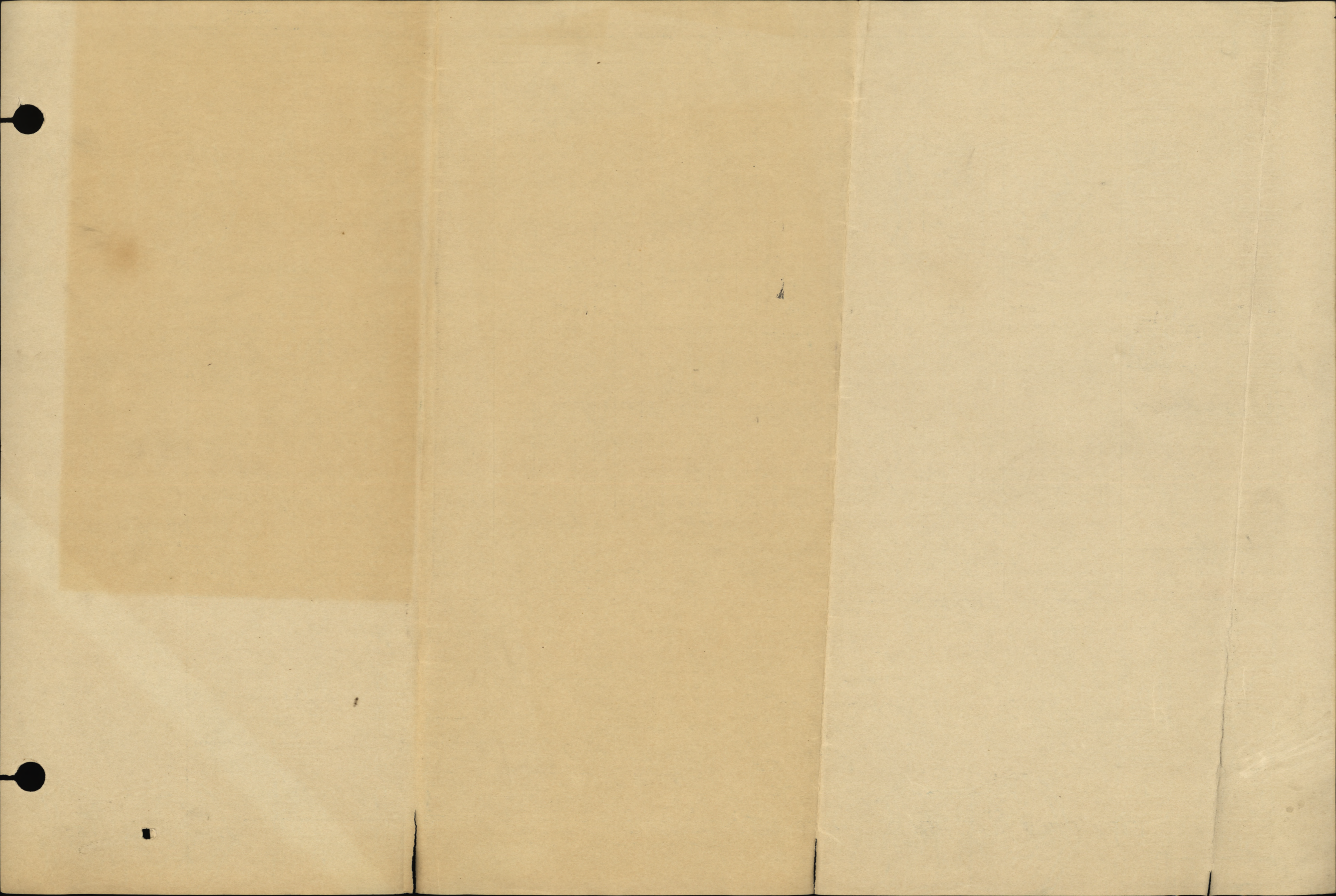
ADDRESS *Nil* ADDRESS *Omemee Ont*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED PLACE *Ottawa* DATE *16/6/19* REASON *Demot* AUTHORITY _____ IF ENTITLED TO POST DISCHARGE PAY _____

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.													
June	21	<i>1.20</i>	<i>25.20</i>	<i>35.00</i>	<i>70.00</i>				<i>9.73</i>	<i>48⁰⁰</i>	<i>5.00</i>	<i>81.21</i>	<i>15.00</i>					<i>6.00</i>	<i>14.39</i>	<i>14.39</i>	<i>14.39</i>			<i>Returned Olympic</i>	
			<i>W.S.G. S.O.</i>		<i>420.00</i>		<i>War Service Gratiuity</i>			<i>W.S.G. S.O.</i>			<i>70.00</i>				<i>6.00</i>						<i>1st Payt W.S.G. as above</i>		
<i>183 days @ Minimum</i>					<i>420.00</i>								<i>64.00</i>										<i>2nd Payment W.S.G.</i>		
<i>AUG 13 1919</i>							<i>1291158</i>						<i>40</i>						<i>210</i>		<i>210</i>				<i>61.9.923660-14-7-19</i>
<i>SEP 13 1919</i>							<i>1310443</i>						<i>40</i>						<i>280</i>		<i>140</i>				
<i>OCT 17 1919</i>							<i>1325451</i>						<i>40</i>						<i>350</i>		<i>40</i>				
<i>NOV 13 1919</i>							<i>1335093</i>						<i>40</i>						<i>420</i>						

BALANCE FROM PREVIOUS ACCOUNT



Date of Enlistment

MILITIA AND DEFENCE

16882

Date of Assignment ²¹⁴

Separation and Assigned Pay Branch

M

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
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92/11/20/11
for

PARTICULARS OF SEPARATION ALLOWANCE

No. 725100
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Phillip Cecil Mills*
 Battalion *109 Bn. B. Coy*
 Beneficiary
 Relationship
 Address

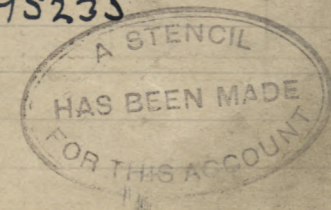
PARTICULARS OF ASSIGNMENT

Name *Mrs Samuel Mills*
 Address *Omenee*
 Change of Address *Out*
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31</i>			<i>255</i>	<i>255</i>	
<i>Jan 1918</i>	<i>W 67689</i>		<i>15</i>	<i>15</i>	✓
<i>Feb</i>	<i>S 73623</i>		<i>15</i>	<i>15</i>	✓
<i>Mar</i>	<i>O 95574</i>		<i>15</i>	<i>15</i>	✓
<i>April</i>	<i>m 10766</i>		<i>15</i>	<i>15</i>	✓
<i>May</i>	<i>R 14671</i>		<i>15</i>	<i>15</i>	✓
<i>June</i>	<i>L 26813</i>		<i>15</i>	<i>15</i>	✓
<i>July</i>	<i>H 28397</i>		<i>15</i>	<i>15</i>	✓
<i>Aug</i>	<i>P 37619</i>		<i>15</i>	<i>15</i>	✓
<i>Sept</i>	<i>S 48978</i>		<i>15</i>	<i>15</i>	✓
<i>Oct</i>	<i>X 53242</i>		<i>15</i>	<i>15</i>	✓
<i>Nov</i>	<i>T 59687</i>		<i>15</i>	<i>15</i>	✓
<i>Dec</i>	<i>Y 67211</i>		<i>15</i>	<i>15</i>	✓
<i>Jan</i>	<i>U 69807</i>		<i>15</i>	<i>15</i>	✓
<i>Feb</i>	<i>w 74318</i>		<i>15</i>	<i>15</i>	✓
<i>Mar</i>	<i>K 91929</i>		<i>15</i>	<i>15</i>	✓
<i>Apr</i>	<i>P 1832</i>		<i>15</i>	<i>15</i>	✓
<i>May</i>	<i>G 6651</i>		<i>15</i>	<i>15</i>	✓
<i>June</i>	<i>H 10356</i>		<i>15</i>	<i>15</i>	✓
			<u><i>525</i></u>	<u><i>525</i></u>	

812 868- P 4

A/c Closed *30-6-19*
 Ret'd per *Olympic*
 Date *12/6/19* M.F.W. 187 *19/6/19*
M. O. # 3 *Wes. L.P. 95235*



M. F. W. 128
 400M.-6-17-1772-89-1141
 L. L. 22320-M. & D. 7583.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
 400M-6-17-1772-38-1141
 L. L. 22320-M. & D. 7993.