



196th
B.C. Co.

Duplicate
No. 911754

ATTESTATION PAPER.

196 O/S Battn. Western Universities
CANADIAN OVER-SEAS EXPEDITIONARY FORCE. Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

1. What is your surname?..... MILLER
- 1a. What are your Christian names?..... Arthur Harold
- 1b. What is your present address?..... 737-14th Ave E Vancouver, B.C.
2. In what Town, Township or Parish, and in what Country were you born?..... New Westminster, B.C.
3. What is the name of your next-of-kin?..... Rev. H. N. Miller
4. What is the address of your next-of-kin?..... 737-14th Ave E Vancouver B.C.
- 4a. What is the relationship of your next-of-kin?..... father
5. What is the date of your birth?..... August 23, 1897
6. What is your Trade or Calling?..... Student
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, A. Harold 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.

A. Harold Miller (Signature of Recruit)

Date March 17, 1916. W. B. Morgan (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, A. Harold 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.

A. Harold Miller (Signature of Recruit)

Date March 17, 1916. W. B. Morgan (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 Vancouver this seventeenth day of March, 1916.

W. B. Morgan (Signature of Justice)

Description of *Miller Arthur Harold* on Enlistment.

Apparent Age *19* years *6* 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. *8* ins.

Chest measurement { Girth when fully expanded..... *37 1/2* ins.
 Range of expansion..... *4 1/2* ins.

Scar R side of face

Complexion *light*

Eyes *blue*

Hair *Brown*

Religious denominations. { Church of England.....
 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..... *Mar 17* 1916

Geo. Brumby
Capt

Place..... *Vancouver*

Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Arthur Harold 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.

MAR 17 1916

Reverbrock.....(Signature of Officer)

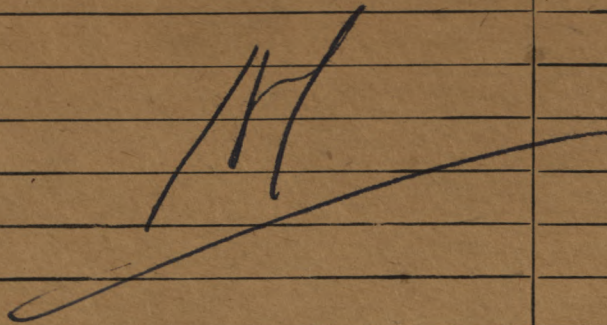
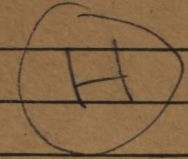
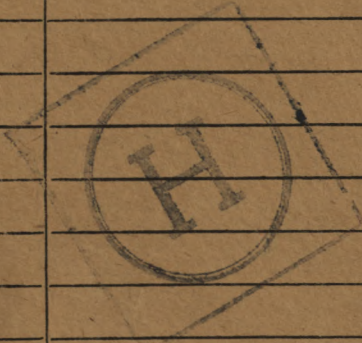
Date..... 191

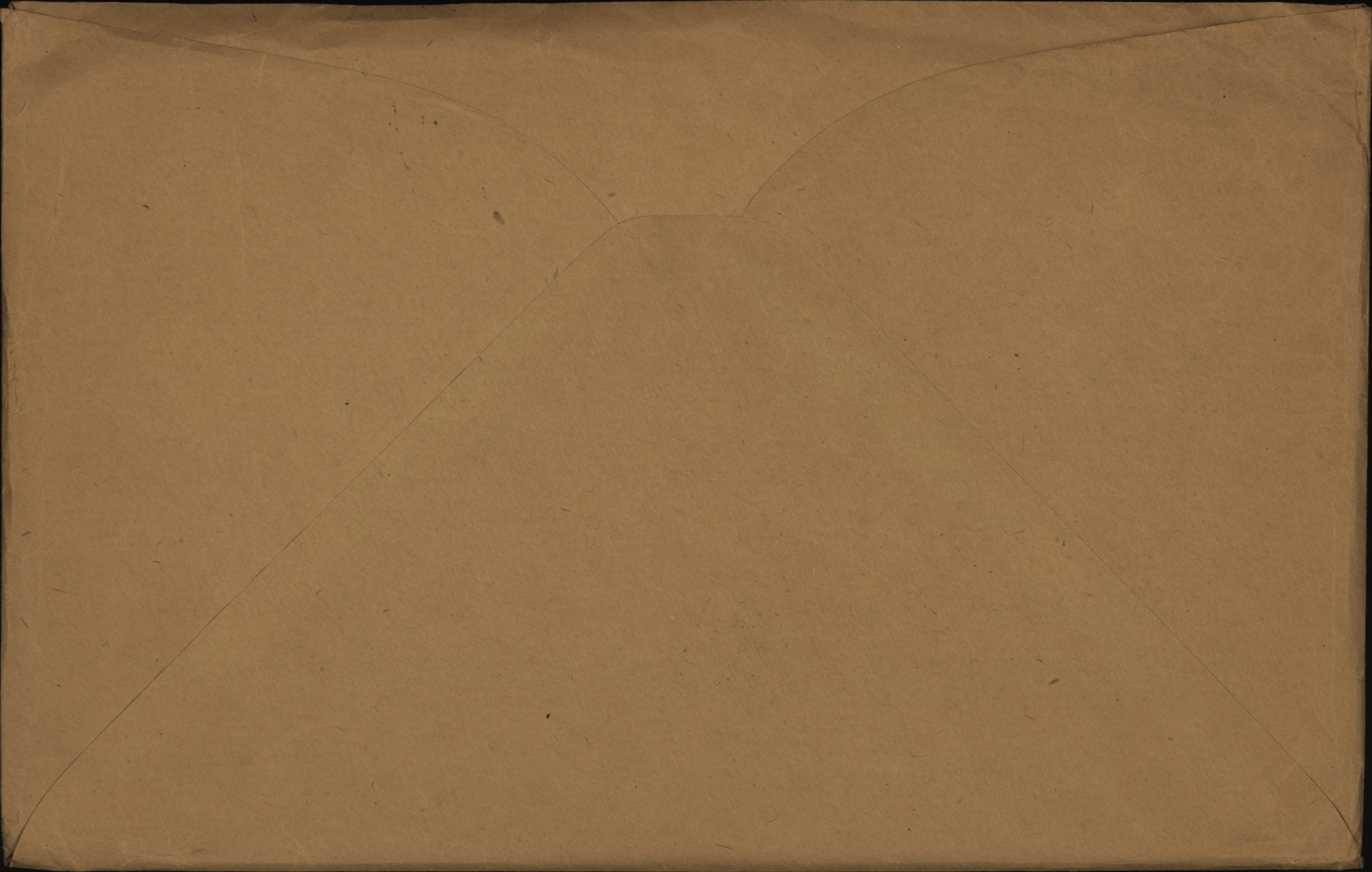
*Major O. C. B. C. Company,
 106th O. S. Batt., C.E.F.
 Western Universities*

REGIMENTAL DOCUMENTS

NAME MILLER ARTHUR HAROLD REGT. No. 911754 UNIT # 11 Casualty H. Q. FILE No.

(5)

| CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE | NON-EFFECTIVE BY |
|----------------------------------------------------------|---------------|---------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------|------------------|
| ATTESTATION PAPER (M.F.W. 23, 133 or 51) | |  | |  | DEATH |
| CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | CATEGORY | | |
| TRAINING HISTORY SHEET (M.F.W. 113) | | | | | |
| FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) | | | | | |
| REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120) | | | | | |
| COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) | | | | | |
| MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | DISCHARGE | | |
| DENTAL HISTORY SHEET (M.F.B. 465) | | | CATEGORY | | |
| MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | | |
| MEDICAL EXAMINATION (M.F.W. 129) | | | | | 21029 |
| TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) | | | | | |
| PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) | | | | | |
| DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) | | | | DESERTION | |
| LAST PAY CERTIFICATE (M.F.W. 44) | | | | | |
| PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) | | | | | |
| PARTICULARS OF CHARACTER (A.F.W. 3226) | | | | | |
| COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | | | |
| CARDS | |  | | | |
| PAY-SHEETS | | | | | |
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911754

Miller

To be made out in duplicate.

H.Q. 54-21-23-53

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 196th (Western Universities) Battalion

(2) Regimental Number 911754

(3) Full Name of Soldier Miller, Arthur Harold

(4) Place of Birth New Westminster, B.C.

(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

*Arthur Noble Miller
6460 George St. Vancouver.*

(10) Is your Mother alive?

Yes

If so, state name and address

*Louretta Amelia Miller,
6460 George St. Vancouver.*

(11) If your Mother is a widow

Are you her sole support, or not?

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

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

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

(15) Are you insured?

No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium?

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

OCT 10 1916

Date.....

McLaurie
Officer Commanding.

MAJOR & ADJUTANT

106th BATTALION C E F

REGT'L NO 9 11 7 5 4

H. Q. FILE NO. 649-

NAME Miller Arthur Harold

RANK AND CORPS

Plt. Sgt. 102 Ind. Bn. form. 196th. No. 2.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

No. 245420-4-17Adm. 720 14 Gen. Hosp. Wimerence Apr. 13th. 1917.
(G.S.W. R. Shldr. Sev.) ✓

| LIST No | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---------------------|---------------------------------------------|-------------------|-------------------------------------|
| a 187 ²⁴ | No 14 Gen., Nimesreux | 13-4-17 | GSW R. Shldr. Sev. |
| B197 | Gulham Mil., St. Dunstan's Hammesmith W. | 16-4-17 | GSW shoulder Sev. |
| B236 | Stone Mid. Tooting Graveney S.R. | 16-6-17 | " |
| B241. | correct rank should read A. Sgt. | | |
| B281 | L. C. H. H. urbridge | 14-8-17 | GSW. R. Shldr |
| B25-3 | Discharged | 28-9-17 | GSW R Shldr Sev ²⁴⁻¹⁰⁻¹⁷ |

MILLER. Arthur Harold.

Name

Rank

~~A/Serjt.~~
~~Pte.~~
Sgt.

Reg. No. 911754

Unit 102nd Bn.

Next of Kin Canada.

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|-------|----------------------------------|---------------|----------|----------|-----------------|-----------|
| 1917. | | | | | | |
| 13-4. | No. 14 Ben. Hos. Wimereux. | GSW.R. Shldr. | Sev. | A187. | M:2454 | 20-4 1/2 |
| 16-4. | Fulham. Mil. Hos. St. Dunstan's. | H. Smith. | -do- | B197. | | |
| 16-6. | Grave. Mil. Hos. Tooting | Graveney. (H) | -do- | B235 | | |
| | Rank ascertained to be | | A/Sgt | B242 | | |
| 14-8 | C. C. H. Hillingdon Ho. | | do | B281 | | |
| | Amend rank on B281 to read | | Sgt | B6. | | |
| 28 9 | Discharged. (455) | | do | B25 | | |

6111

Canadian Convalescent Hospital,
Billington House, Uxbridge.

ADMITTING CARD.

Regt. No. 911754 A. & D. No. T 1293

Rank Sgt

Name Miller, R H

Corps 102nd Bn B

Religion Meth Age 20

M. H. Rec'd _____ M. H. Requested _____ M. H. Ret'd _____

Disease R.O.W. Rt Shoulder

Admitted 13.8.17

Discharged Writ 28.9.17

Place in Hospital _____

Transferred _____

Results Cannot raise the right arm on a level with the shoulder
some atrophy of the pectoralis major muscle. Scar over the muscle
adherent & contracted still some pain in the shoulder joint

P.T.O.

6111

REMARKS:

Tootny

17/112

2/112

Vancouver train 16

Pay B.

Student -
Yes

SURNAME.

Miller

Dis ✓

CHRISTIAN NAMES

Arthur, Harold.

22-2-18 ⁶⁰/₄-11.

REGL. No.

911754

RANK

Pte

UNIT

196th

Batt.

FORMER CORPS

Nil

NEXT OF KIN.

NAMES IN FULL

Miller, Rev. A. N.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

737 - 14th Ave. E. Vancouver.
B.C.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada. New Westminster

DATE

Aug 23rd 1897

PLACE OF ATTESTATION

Vancouver B.C.

DATE

Mar 17th 1916.

Sailed from Halifax per S. S. "Southland" 31-10-16.
1916. 14/11/17 Miller

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Student.

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

19

YEARS

-

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

37½.

INCHES

EXPANSION

4½.

INCHES

COMPLEXION

Light

EYES

Blue

HAIR

Brown.

DISTINGUISHING MARKS

Scar right side of face.

MEDICAL EXAMINATION.

PLACE

Vancouver B. C.

DATE

Mar 17th 1916

No. 911784 RANK

NAME

Miller, A H

Plt
a/r/cpl
Sgt.

T. O. S. 17-3-16

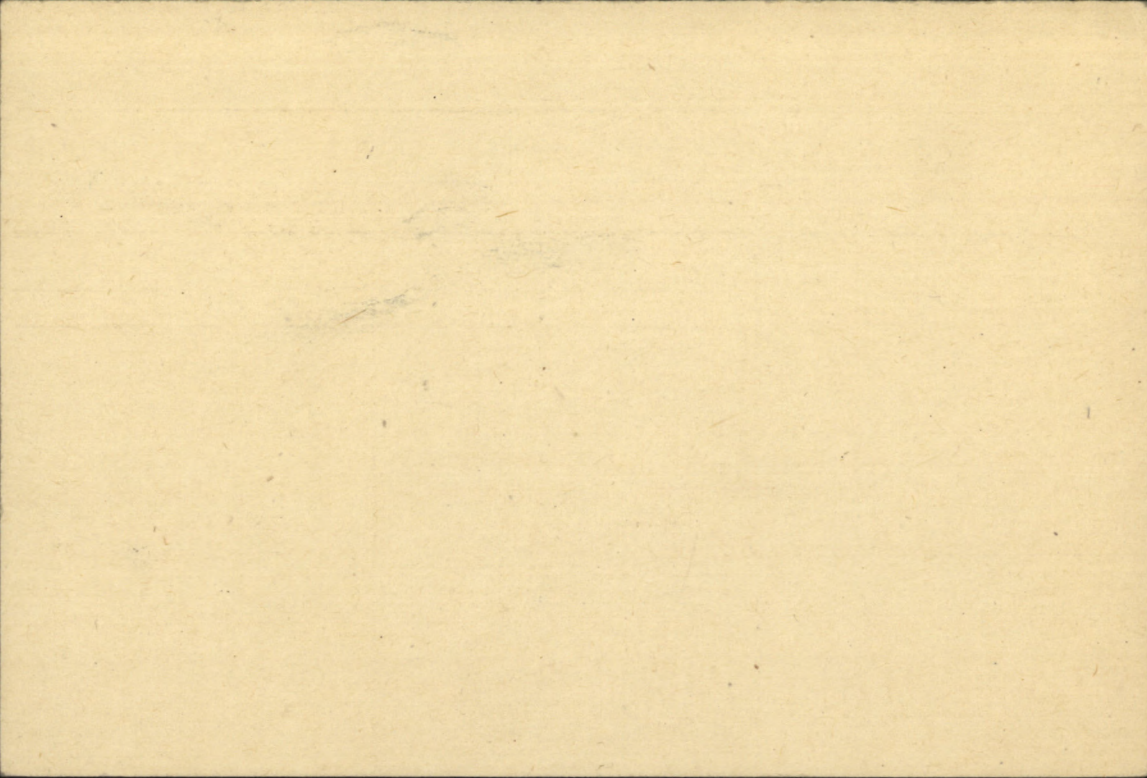
UNIT

196th Battalion

Co. 1-27-3-16

M. D. 10

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|--------------|------------|---------------------|-----------------------------------------|---------------------|
| | | | PARTICULARS | AUTHORITY |
| 1916 | 1916 | | | |
| Mar 17 | Mar 31 | L | | |
| Apr. | | ✓ | Pro. a/r/cpl. | D. O. 34 of 29-4-16 |
| May | | ✓ | | |
| June | | ✓ | | |
| July | | ✓ | Pro. Sgt. 6-7-16 | D. O. 33 of 8-7-16 |
| Aug. | | N | | |
| Sep. | | ✓ | | |
| Oct. | | ✓ | | |
| Nov. | | N | | |



rule
RS

~~*A*~~

Number. 911754 Rank. Sgt.

Surname. MILLER

~~*A*~~

Christian Name. Arthur Harold

Units nd 102. : ~~Busham Inf~~ Theatre of War. France

Date of Service. 13 - 2 - 17

Remarks. 1036 Salisbury Drive.

Latest Address. ~~6460 George St.~~

. Vancouver B.C.

Roll No. *Page 5596*

SEP 28 1924

YA 4 2887 J. J. J.

Surname Miller Christian Name or Names A H Reg. No. 911754
Rank Pte *457* Unit 102nd Batt Co. *BCR* Troop Batty.
Hospital Date of Admission

14 Gen Wimereux Transferred 13-4-17 Hosp.
Fulham Hill, Hammersmith Hosp. 16.4.17
San Con. Hosp. Hillingdon House Uxbridge Hosp. 14.8.17
Hosp.

Diagnosis G.S.W. rt Shldr sev. *av.*

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnosis: if more than one state present

Dis 28.9.17
Date

DISPOSITION
C.L.20-4-17 A 187

REMARKS

1.5.17. B197

30.6.17 B241

17.8.17 B281

10-9-17 B26(3) Note Change of Rank.

2.10.17 B25(3)

A.M.D. 2 Dept.

Dep. of D.G.M.S. O.M.F.S. London

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

TRANSFER CLOTHING CARD M. H. C. C.

14, 11, 17

Regimental No. 911 754
 Rank and Name 1st Lt Miller A H
 Battalion 191

Posted to _____ Unit, M.H.C.C. _____ Date _____
 Transferred to _____ Mil. Conv. Hosp. or San. _____
 at _____ Date _____

| PLACE AND DATES OF ISSUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------|------------|---------------------|-------------------|----------------------|-------------------|------------------------|-----------------|----------|----------------------|-----------------|------------------|----------------|-------------------|--------|------------------|-----------|-----------------|----------------------|------------------------|---------------|------------------|-----------------|----------------|-----------------|----------------|----------------------|--|
| DATE | Units M.F. "C" 512 | Boots, ankle, prs. | Caps, drab | Caps, winter, cloth | Caps, winter, fur | Gloves, winter, prs. | Great coats, drab | Jackets, drab, R. & F. | Overshoes, prs. | Mufflers | Puttees, drab, serge | Shirts, service | Slippers, canvas | Trousers, drab | Trousers, service | Toques | Jackets, sweater | Bags, kit | Brasses, button | Brushes, boot, blkg. | Brushes, boot, polshg. | Brushes, hair | Brushes, shaving | Drawers, winter | Razor and case | Shirts, flannel | Shirts, winter | Socks, worsted, prs. | |
| | In Possession | / | / | | | | / | / | | | / | | | / | / | | | / | | | / | / | / | / | / | / | / | / | |
| | 19-11-17 | / | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Surname **MILLER** Christian Name **G. Harold**

Canadian Convalescent Hospital,
 Hillingdon House, Uxbridge.



| STATION. | Date of Arrival at the Station. | DATES OF | | | | | | DISEASE. | Number of days in Hospital | Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. | Signature of Medical Officer. |
|----------------------|---------------------------------|--------------------------|-------|------|--------------------------|-------|------|--------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| | | Admission into Hospital. | | | Discharge from Hospital. | | | | | | |
| | | Day | Month | Year | Day | Month | Year | | | | |
| Fulham Hill Hospital | | 16 | 4 | 17 | 16 | 6 | 17 | GSW Right Shoulder etc. | 61 | GSW. Rt Shoulder Left Forearm & Rt upper Arm by 1387 France AT&S 500 units given. X-raygram shows spiral fracture upper 1/2 of humerus. No displacement in F.B. The main wound is just over axillary artery, wound opened - Clot removed Packed 21.4.17. Not fit for Exercise but fit for transport to Tooting Grove. | |
| | | 6 | 17 | | 13 | 8 | 17 | G.S.W. thru t severe. Rt shoulder | 68. | As on leaving manager & medical department with some improvement. | W.K. Parbury CAPT. R.A.M.C. |
| | | 13 | 8 | 17 | 25 | 9 | 17 | 20 | 47 | Some stiffness & shoulder joint. Cannot raise the arm on a level with the shoulder | M.C. (1) MAJOR R.A.M.C. (1) REGISTRAR, GROVE MILITARY HOSPITAL, TOOTING GROVE, S.W. |

CANADIAN CONTINGENT EXPEDITIONARY FORCE

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. 911754 Rank Sgt. Name Miller A.H.

Corps. 11th Cas Unit. (196th Br.) who was* Discharged

On Feb 22/18 1918, to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-18 1918, to Feb 22/18 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'tl Pay..... <u>22</u> days at \$..... <u>1c 35</u> | <u>29</u> | <u>70</u> |
| { No. <u>1</u> <u>Post Discharge Pay</u> | <u>45</u> | | Field Allow. <u>22</u> days at \$..... <u>c 15</u> | <u>3</u> | <u>30</u> |
| Assigned Pay and Sep'n Allce. No..... | | | Separation Allowances* (Monthly)..... | | |
| Other charges <u>R.C.</u> | | <u>50</u> | Other Allowances*..... | | |
| Payment on transfer or discharge No..... | <u>45</u> | <u>50</u> | Other Credits* <u>Clothing All.</u> | <u>13</u> | |
| Balance Cr. (to be paid by the new unit)..... | | | Bal. Dr. (to be deducted by new unit)..... | <u>45</u> | |
| Total..... | 91 | 00 | Total..... | 91 | 00 |

* Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of Assigned Pay for the month of.....1918 } (to) Assignee.....
 and Sep'n Allce. for month of.....1918 }

(Address) NIL.

(†) 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.....
- (2) if married and if a Separation Allowance Card has been submitted..... No.
- (3) cause of discharge Medically unfit under authority K.R. & O for C.M.
- (4) authority for transfer..... 1910 322 (9)

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..... Feb 22/18

Place..... New Westminster, B.C.

R. J. Lullie
 Captain 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.

THE CANADIAN CONJUNCT EXHIBITION

The following is a list of the exhibits...

1. ...

2. ...

3. ...

4. ...

5. ...

6. ...

7. ...

8. ...

9. ...

10. ...

11. ...

12. ...

13. ...

14. ...

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Uxbridge Sept. 17th 1917

No. 911754 Rank Serjt Name Miller A.H.

Local Unit 102 Reg. Overseas Unit 102nd Regt. Age 20

Examination held at Uxbridge

DISABILITY.
Overseas—Local
(scratch one ~~out~~)

G.S.W. right shoulder & left forearm.

PRESENT CONDITION.

Wounds all healed.

Cannot raise right arm on a level with the shoulder. Some atrophy of the right pectorialus major muscles. Scar over the above muscles slightly contracted & adherent. Some ache & pain in the shoulder.

Likely to be raised within six months in category.

BOARD RECOMMENDS:—

1. Fit for Duty No
2. Fit for duty after No weeks' physical training.
3. Fit for Temporary Base Duty Yes C III weeks.
4. Fit for Permanent Base Duty No
5. Discharge

Signatures:—

Members { *A. M. ...* President.
Chas ...
L. M. ...

APPROVED

Dated Uxbridge Sept. 17th 1917.

A. M. ...

PROCEEDINGS OF A MEDICAL BOARD

Dated at _____

Name of the Candidate _____

Rank _____

Examination held at _____

DISABILITY
Overseas Force

TESTING CONDITIONS

BOARD RECOMMENDS

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

Signature

President

Members

APPROVED

1917

For A.D.M.S.

MEDICAL CASE SHEET.*

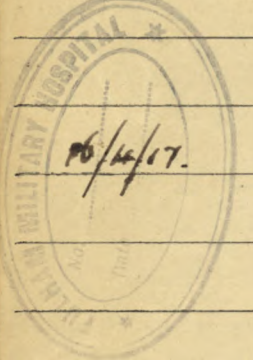
| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|-----------------|
| <i>T 4293</i> | <i>911 754</i> | <i>Sgt.</i> | <i>Miller</i> | <i>G. V.</i> |
| Year | Unit. | | Age. | Service. |
| <i>1917</i> | <i>102nd Bu</i> | | <i>20</i> | <i>17/2</i> |
| Station and Date. | Disease | | | |
| <i>13. 8. 17.</i> | <i>Gsw R Shldr</i> | | | |
| <i>18. 9. 17</i> | <p><i>Cannot raise right arm on a level with the shoulder some atrophy of the right pectoralis major muscle seen on the muscle slightly contracted & shows some ache & pain in the shoulder. X-rays all healed & recommended for bone Board</i></p> <p style="text-align: right;"><i>J. H. [Signature]</i></p> | | | |

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

MEDICAL CASE SHEET.*

| | | | | |
|--------------------------------------------------------|------------------------|----------------|--------------------------------------|-------------------------------------|
| No. in Admission and Discharge Book <i>FC. 7305</i> | Regimental No. | Rank. | Surname. | Christian Name. |
| | <i>911754.</i> | <i>Sgt.</i> | <i>Miller</i> | <i>Arthur H.</i> |
| Year | Unit. | Age. | Service. | |
| <i>1914.</i> <i>1917</i> | <i>102/ Canadians.</i> | <i>B. Coy.</i> | <i>19 ⁸/₁₂</i> | <i>1 ³/₁₂</i> |

Station and Date. Disease *S.P.W. ~~to the~~ right upper arm - left forearm*
by S.W. shoulder h - E. F. France.
left forearm



Wounded April 9th. small wound outer side upper part of upper arm, wound below humeral end of sternum with blood clot. some anaesthesia of upper arm. rather superficial wound upper $\frac{1}{3}$ rd + inner part of left forearm.
A.T.S. 501 units.

April 17
18
19

Fomentation Saline - 2x2x2 in.
Swelling on outer end of humerus - some oozing.

6507
18/4

April 18 Skieogram. Spical fracture upper $\frac{1}{4}$ of humerus no displacement - no F.B.

Inner wound just over axillary artery

21.4.17

wound opened - Clot removed. packed. *H.S.*

21-4-17

g.r. 2x2x2 in.

27.4.17
May 4th

wound healthy - no more bleeding. Passive movements + massage for right shoulder. *H.S.*

May 11th

wound almost filled in.

May 12th

wound practically healed

May 14th

For Physical Drill *H.S.*

May 15th

Improving.

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

Canada
6462 George St. Vancouver
In office Mr. Miller

June 18th 1917. Massage.

July 21/17 Discontinued Electric Massage, one week, continue ordinary massage. R^h C. V.

July 24/17 Recommended for discharge from Hosp. R^h C. V.

July 31st/17. Recommended for discharge Hosp. R^h C. V.

2/8 to Canada - Cont. Work.

Recommended for
re-employment.

superficial

Exp. bridge.
13-8-17.

Scar 3" long in hollow of shoulder
in front. Small circular scar
on back of upper arm. Can raise
arm from side almost to a rt angle.
Can't move arm backwards, no weakness.

Massage & passive movement. P. Smith M.D.

M 269 553517 Hoop

W.R. G.

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

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

Casualty Form—Active Service.

250M.—1-16,
H. Q. 1772-30-920.

Unit, Regiment or Corps Private
 Regimental No. 911754 Rank Sergeant Name Miller, Arthur Harold
 C. E. F. Dof.
 Enlisted (a) Mar 17/16 Terms of Service (a) 6 mths after war Service reckons from (a) Mar 17/16
 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) Student

| 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 Halifax | Canada | 1/16/16 | |
| | | arrived at Liverpool | England | 11/16/16 | |
| 29/4/16 | 196th Bn | a/c / corporal | Vancouver | 29/4/16 | Bo 34 Co. 25 |
| 19/16/16 | 196th Bn | a/c / Sergeant | Seaford | 6/7/16 | Bo 33 Co. 17 |
| 31/12/16 | 196th Bn | absorbed by 19th Res Bn | Seaford | 31/12/16 | Part 2 orders if B. 213 |
| | | 19 th Res Bn. Taken on strength | Seaford | 7/1/17 | Part 2 Orders |
| | | 19 th Res Bn Trans to 102 nd Bln Overseas | Seaford | 12/2/17 | Part-2 D.O 43 Major V. Adjutant |
| 13.2.17. | C.B.D | Arrived in France, T.O.S of 102 nd Bn. O.P. Sup'ry to Establishment | France | 13.2.17 | Fr-R-C.B.D Pt ii 29/17-2-17 |
| 24.2.17. | Unit | Left for Unit Rptd for Duty | France | 14.2.17 | Fr-R. |
| | | | | 19.2.17 | B.213. DCS 112 |

CERTIFIED CORRECT
 14 FEB 1917
 CAN. RECORDS, WINDSOR

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

UNIT NUMBER REPORT

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents. |
|---------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|---------------------------------------------------------------------------------------------|
| Date | From whom received | | | | |
| 10-3-17 | A.C. 1701 | Reverts to ranks on arrival in France and ceases to be C.A.S.T.E. | Field | 13/2/17 | Pt II 35 Can Rec File Ct-6746 |
| 14-4-17 | Unit | Evacuated wounded | | 10-4-17 | D213 DCS-135 |
| 14-4-17 | 11.C.7A | G/S W. R. Shlan L foramm | a 11.C.7A | 10-4-17 | a.36 |
| 14-4-17 | 6.C.6S | " " " | T C.C.S | | DCS 136 |
| 13-4-17 | 14 Gen | G/S W. R. Shlan | T A.T.5 | " | a.36 |
| 16-4-17 | 14 Gen | G/S W. R. Shlan L foramm To | adm 14 Gen | 12/4/17 | DCS-136 |
| 16-4-17 | -do- | Invalidated wounded to England per H-S "Jan Breydel" posted to B.C. Reg Depot | England | 13/4/17 | W 3034-297 |
| | | <i>J.M. Anderson</i> Lieutenant. For Major A.A.G. Canadian Section 3rd Echelon G.H.Q. | Seaford | 16-4-17 | W 3034-301 W-3083 No.7448 Pt. II No.61 3-5-17 |
| 3-5-17 | B.C.R.D. | Taken on strength | Seaford | 16-4-17 | R 110.55 <i>J.P. King</i> Lieut. for Lieut Col i/c Records, C.E.F. |
| 21-6-17 | 102nd Bn | Pt. D.D. 35 cancelled as far as concerns H/Sgt Miller H.H. | Field | | Pt II 0081 |
| 27-8-17 | do | Confirmed in rank of Sergeant. | do. | 13-2-17 | Pt II 0099 <i>J.P. King</i> |

LIEUT:
FOR LT: COL: I/C RECORDS, C.O.M.F.

Casualty Form—Active Service.

Regiment or Corps 102nd Bn Regimental Number 911754

Rank Sgt Surname Miller Christian Name Arthur Harold

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (a) 17-3-16 Terms of Service (a) 2 of W Service reckons from (a) 17-3-16

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

Extended { _____ } Re-engaged { _____ } Qualification (b) Student
or Corps Trade and Rate _____

Signature of Officer i/c Records.

| Date | Report | | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents |
|-----------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------|--------------------------------------------------------------------------------------|
| | From whom received | 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. | | | |
| | | | Embarked ... | | |
| | | | Disembarked... | | |
| <u>11-10-17</u> | <u>B. G. RD</u> | <u>Detailed to Depot Coy</u> | <u>Seaford</u> | <u>10-10-17</u> | <u>P.O. D. 0210</u> |
| <u>30-10-17</u> | <u>B. G. RD</u> | <u>In Command of</u> <u>C. P. Buxton</u> | <u>"</u> | <u>30-10-17</u> | <u>a u. 226</u> |
| | | <u>J. G. Williams</u> | <u>Lieut First Coy</u> | | <u>B. G. RD</u> |

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

| 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 | | | | |
| 31 OCT 1917 | TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 258 | | | | |
| | | | | | <i>Fortune Lt</i> |
| | | | Commanding | | Lieut.-Col. Canadian Discharge Depôt. |
| | EMBARKED FOR CANADA FROM LIVERPOOL | | | | |
| 6 NOV 1917 | | | | | |
| | | | | | <i>Fortune Lt.</i> |
| | | | Commanding | | Lieut.-Col. Canadian Discharge Depôt. |
| | QUEBEC | T. ON S. NO. 11 CASUALTY UNIT PART II. ORDER NO. 20. | Conceives | 26/11/17 | <i>La. Clout</i> Capt. For O. C. No. 11 Casualty Unit. |
| 22/2/18 | | S. OFF S. NO. 11 CASUALTY UNIT PART II. ORDER NO. 54 | New Westminster, B. C. | 22/2/18 | Auth X.I.M.D. 34-M-381 <i>La. Clout</i> Capt. For O. C. No. 11 Casualty Unit. |

A.C. Rank Pte Name MILLER, Arthur Harold. Reg'l No. 911754
 Unit 196th. Bn. If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Vancouver, March. 17th. 1916. Place of Birth New Westminster,
B.C.
 Name and Address, Next-of-Kin Rev. A.N. Miller,
737, 14th Ave., E. Vancouver, B.C. Relationship Father.
 Assigned Pay Monthly \$ Payable to

Relationship
 Separation Allowance \$ Payable to
 Relationship

N/E. R.B. No. 7570
 File R.L.
 Category Can. O.

Discharge, Date and Place Reason Character

| 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>Arrived in England.</i> | | | |
| 19-11-16 | 196 th Bn. | <i>To be Plsgt.</i> | <i>Seaford</i> | 6-7-16 | <i>per S.S. Southland DO #142</i> |
| 31-12-16 | 196th Bn. | S.O.S, To 19th Res. Bn. | Seaford | 31-12-16 | pt, 2 D.O. 184 |
| 1-1-17 | 19 Res | T.O.S FROM 196Bn. | Seaford | 1-1-17 | Pt, 2, D.O. 1 |
| 12-2-17 | " | <i>S.O.S. to 102nd Bn France</i> | " | 12-2-17 | <i>DO #43.</i> |
| 17-2-17 | 102nd Bn. | T.O.S. from 19th Res. Bn | Field | 13-2-17 | " 29. |
| 10-3-17 | " | <u>Reverts to rank of Pte</u> | " | 13-2-17 | <i>Cancelled by 102nd Bn #81 d/21-6-17.</i> " 35. |
| 20-4-17 | " | No. 14 Gen. Hosp. | Wimereux | 13-4-17 | b.h.A. 189. G.S.W.R. Shldr. Sev. |
| 1-5-17 | " | Fulham Mil. Hosp. | St. Dunstons | 16-4-17 | b.L.B. 197 do. |
| 3-5-17 | " | Inid (wd) & posted Bk.R.D. | Field | 16-4-17 | R.H.O. 61. + Bk.R.D. 0.55 d/3/17 |

A.F.B. 193 CHECKED
 16 FEB. 1917
 WSH

Arthur Miller, Arthur, Harold

| 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. | | | | |
| 17.8.17 | 10 th Bn | Adm Grove Ind Hosp | Dooting gn. | 16.6.17 | UB 236 S.S.H.R. 9 th BATTAL CLB 242 30.6.17 |
| 17.8.17 | " | Trans. Gen Con Hqs | Wxbridge. | Sgt. 14.8.17 | CLB. 281. |
| 27.8.17 | " | <u>Confirmed in Rank of Sgt.</u> | Field | Sgt. 13.2.17 | Pl. 99. |
| 1.10.17 | B.C. Reg. | Discharged from Hqs. | Wxbridge | Sgt. 28.9.17 | CLB 25. |
| 30.10.17 | BLRD | On bond C.D.D. Boston | Seaford | 30.10.17 | CD 0226 |
| 22.11.17 | - | Leaves on bond C.D.D. Berlin | - | 6.11.17 | CD 0226 |
| | Dis Det. | Fth. for Det. | on D. 11 Victoria | 14/11/17 | NK 402. Vancouver. B.C. |

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Uxbridge Sept. 17th 1917

No. 911734 Rank Sergt Name Miller A H

Local Unit 102 Reg. Overseas Unit 102nd Regt. Age 20

Examination held at Uxbridge

DISABILITY.
Overseas—Local
(scratch one out)

G.S.W. right shoulder & left forearm.

PRESENT CONDITION.

Wounds all healed.

Cannot raise right arm on a level with the shoulder. Some atrophy of the right pectorialus major muscles. Scar over the above muscles slightly contracted & adherent. Some ache & pain in the shoulder.

Likely to be raised within six months in category.

BOARD RECOMMENDS :-

1. Fit for Duty No
2. Fit for duty after No weeks' physical training.
3. Fit for Temporary Base Duty Yes C 111 weeks.
4. Fit for Permanent Base Duty No
5. Discharge

Signatures :-

L. M. Murray Maj Comm President.

Members *Shelton Capt Comm*

L. M. Murray Capt Comm

APPROVED

Dated Uxbridge Sept. 17th 1917.

L. M. Murray Maj Comm
For A.D.M.S.

Name Sgt. A. H. Miller

M. F. W. 41
100M-1-18,
1772-39-839.

Regimental No. 911764

Name and address of next-of-kin

Unit

Date of enlistment

Place of " *WR*

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

| Date | | PAY | | | Field Allowance | | | Other Credits | Total Credits | Voucher | | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|------|----|-------------|------|--------|-----------------|------|--------|---------------|---------------|---------|------|---------------|--------------|---------------|--------------|---------------------------|
| From | To | No. of Days | Rate | Amount | No. of Days | Rate | Amount | | | No. | Date | | | | | |
| | | | | | | | | 730 | 730 | | | 730 | | | 730 | Supp. L.P.P. |

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

15859/316
86

12841-A-15

E
JMD

Name Miller, Arthur Harold
Surname Christian Name

Regimental Number 911754 Rank Sgt. Address (in full) 6460 George St.,
 Unit 196th Bn. Vancouver, B.C.

Original Unit

District where paid M.D.11.

Date of Discharge 22-2-18.

P. D. P. Filing Number 3-149-11.

Rates:—Regimental pay \$ 1.35 per diem: Field Allowance \$.15 per diem. Separation Allowance \$ per month.

L. L. 22573—M. & D. 8009.

| 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 | | |
| 136 50 | 1812 | 22-3-18 | 45 00 | 1774 | 22-4-18 | 46 50 | | | | 45 00 | 91 50 |

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

Remarks: Advance payment by Casualty Unit # 11.

Enw. Sgt. Name Miller Arthur Harold

M. F. W. 41
 1 OM-7-16. P. C. No.
 1772 39 889
 M 2554

Regimental No. 911754 (911,756) Home Name and address of next of kin Vancouver B.C.

Unit 196 Bn.

Date of enlistment 17-3-16 M.B. 18-11-17 = duty

Place of " Vancouver

Married (yes or no) No Date and place discharged

Amount of pay assigned monthly \$ 20⁰⁰ fr. 1/1/16 to 30/4/17 \$ 260⁰⁰ Reason for discharge

To whom payable Mrs. Rev. H. A. Miller Character on discharge OK-16733
 Olympic 14th 6460 George St. South Vancouver, B.C. Calc Co III Reg - 649-M ~~16733~~

L. 5351-M. & D. 6880.

| Date | | PAY | | Field Allowance | | Other Credits | Total Credits | Voucher | | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|--------|---------|-------------|-----------|-----------------|-------------|---------------|---------------|---------|--------|---------------|--------------|---------------|--------------|------------------------------------------------|
| From | To | No. of Days | Rate | Amount | No. of Days | | | Rate | Amount | | | | | |
| | 3/10/17 | | | | | | 96 55 | | | | | | | Eng. G.P.C. |
| 1/4/17 | 30/4/17 | 30 | 135 40 50 | | 30 | 15 450 | | | | | | | | Boat |
| | | | | | | | 141 55 | | | | | | | C.D. Quebec |
| | | | | | | | | | | 2000 | Nov 27 | | | G.P.C. paid on 10 ¹² / ₇ |
| | | | | | | | | | | | | | | Shoing of M.D. 30/11/17 |
| | | | | | | | | | | | | | | 21 82 and 1/2 to M.D. H |
| | | | | | | | 141 55 | | | | | | | 141 55 |
| | | | | | | | | | | | | | | 27 today 43 cents |
| | | | | | | | 21 82 | | | | | | | P.P. to M.D. 10 ¹⁸ / ₇ |
| | | | | | | | * 730 | 2912 | | | | | | Baras not paid of |
| | | | | | | | | | | | | | | recor of 20 ⁰⁰ / ₇ |
| | | | | | | | | | | | | | | 10 ¹² / ₇ |
| | | | | | | | | | | | | | | Cr. Bal. |
| | | | | | | | | | | | | | | Cr. Bal. 2912 2912 |

RM
 8-12-17

Eng. AP. Chas. Fr 1/1/16 to 31/10/17 \$ 240⁰⁰

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 50m.—6-16.
 H. Q. 1772-39-819.

Mrs.

169
 ✓
 To Whom *Rev. H. A. Miller,*
 Address *6460 George St.,*
South Vancouver,
B. C.

By Whom Assigned *Miller, A. H.*
 Regtl. No. *911754*
 Rank *Sgt.*
 Corps *196th Batta.*

Rate *20.⁰⁰*

NOV 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 | | | | |



12/1



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2: *Rev. H. A. Miller*
(Assignee)

Name of Soldier *Miller, A. H.*
911754 *Sgt.* *196 th. Br.*

PAYMENTS.

L. L. Job 5470—Req. 6888.

| Month. | Year. | Cheque No. | Am't. | Remarks. |
|--------|-------|---------------------------|----------------------|-------------------------------------|
| | | | | <i>50.</i> |
| | | | | <i>NOV 1 1916</i> |
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | <i>B. 32702</i> | <i>20</i> | |
| Dec. | | <i>U 35527</i> | <i>20</i> | |
| Jan. | 1917 | <i>J 1092</i> | <i>20</i> | |
| Feb. | | <i>46426</i> | <i>20</i> | |
| March | | <i>51920</i> | <i>20</i> | <i>20 B. to 51997 cancelled sum</i> |
| April | | <i>37997</i> | <i>20</i> | <i>20 Cu</i> |
| May | | <i>X 5694</i> | <i>20</i> | <i>20 X</i> |
| June | | <i>X 10440</i> | <i>20</i> | |
| July | | <i>W 18905</i> | <i>20</i> | <i>B.</i> |
| Aug. | | <i>23219</i> | <i>20</i> | <i>D</i> |
| Sept. | | <i>L 3117</i> | <i>20</i> | <i>..... A/c Closed 30/11/17</i> |
| Oct. | | <i>L 38399</i> | <i>20</i> | <i>Ret'd per <i>Olympic</i></i> |
| Nov. | | <i>B 44428</i> | <i>20</i> | <i>Date: 6/11/17 F. X. 27/11/17</i> |
| Dec. | | <i>M 50435</i> | <i>20</i> | <i>..... Clerk <i>W.A.</i></i> |
| Jan. | 1918 | <i>L 60444</i> | <i>20</i> | <i>L 60444 cancelled.</i> |
| Feb. | | | | <i>260</i> |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

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. 697.

EXTRACTS FROM ACTIVE SERVICE PAY BOOKS.

| Date of Payment. | No. of Acq. Roll. | A M O U N T. | | | | Place of Payment. | Name of Paymaster. | Remarks. |
|---------------------|-------------------|--------------|----|---|------------------|---------------------|-----------------------|----------|
| | | Francs | £ | s | ¢ | | | |
| 24/8/17 | 3355 | - | 1 | - | 4 86 | Wxbridge | L Kendrick | |
| 31/8/17 | 3529 | - | 1 | - | 4 87 | " | " | |
| 4/9/17 | 3780 | - | 1 | - | 4 87 | " | " | |
| 28/9/17 | 4152 | - | 10 | - | 48 67 | " | " | |
| 12/10/17 | 268 | - | 3 | - | 14 60 | leaford | ES. George | |
| 29/10/17 | 302 | - | 5 | - | 24 33 | " | " | |
| | | | 21 | - | 102 20 | | | |

May 1. Cal 31. 365.

47
13.
~~19.~~

~~334~~
~~31~~
~~3365~~
~~15~~

36 80
13 64
415.14
~~373.82~~
~~44.31~~
376 01
39.13

68.14 ✓
19.47 ✓
36.50 ✓
~~26.33~~
48.44
5.39

~~318.65~~
3 18.9

~~200~~
31 3 83
18
376 01

~~31~~
~~39.13~~
~~1.48~~

REVENUE RECEIPTS OF THE STATE OF CALIFORNIA
DATE OF RECEIPT: 3/13/1913
BY: [illegible]
FOR: [illegible]

REVENUE RECEIPTS OF THE STATE OF CALIFORNIA

10



2 m 4 m 3 m

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>911754</i> |
| Rank | <i>Sgt.</i> |
| Name | <i>Miller Arthur Harold</i> |
| <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small> | |
| Corps (Squadron, Battery or Company) | <i>No. XI. CASUALTY UNIT</i> |
| Date of Discharge | <i>27th February 1918</i> |
| Place of Discharge | <i>NEW WESTMINSTER, B. C.</i> |

1. DESCRIPTION AT THE TIME OF DISCHARGE.

| | | | |
|-----------------------------|----------------------------------|----------------------|--------------------------------------------------------------------------------------------|
| Age..... | <i>20</i> years..... | <i>6 1/2</i> months. | Descriptive Marks <i>Large transverse scar 5" below outer half rt. clavicle.</i> |
| Height..... | <i>5</i> feet..... | <i>8 1/2</i> inches. | |
| Complexion | <i>Medium</i> | | |
| Eyes | <i>Blue</i> | | |
| Hair | <i>Str. Brown</i> | | |
| Trade | <i>Student</i> | | |
| Intended place of residence | <i>6460 George St. Vancouver</i> | | |

2. The above-named man is discharged in consequence of *A. R. S. O. C. U*
1910, para 377. (9)
Medically unfit for Service
Authority 11 M. D. 34 - M - 501.

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.

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

Very good.

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

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

Student.

Delivered used 6/36
September 16 1918
649 M. 167

W.S.G. Comp.
8-2-19 G. M. D.

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

Nil

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

6. Medals and Decorations.....

See
France 2 months

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) NEW WESTMINSTER, B. C.

(Date) 22nd Feb 1918

L. A. Elliott Capt.
Commanding For O. C. No. 11 Casualty Unit.

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) NEW WESTMINSTER, B. C. A. H. Miller (Signature of Soldier.)

(Date) 22nd Feb 1918 L. A. Elliott (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).....1 years 343 days.

Total.....1 years 343 days.

11. Confirmation of Discharge.

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

(Place) NEW WESTMINSTER, B. C.

(Date) 22nd Feb 1918

L. A. Elliott Capt.
(Signature) For O. C. No. 11 Casualty Unit.

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.)

No Reservations

A. H. Miller

List of Discharge Documents.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p> | <p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (In the event of such having been prepared.)</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

MEDICAL HISTORY OF AN INVALID

KK/

STATION Vancouver, B.C. DATE Jan. 3rd, 1918

1. (a) Unit 102nd Batta. (b) Regimental No. 911754 (c) Rank Sgt. (d) Surname Miller (e) Christian name Arthur Harold

2. Age last birthday 20 Date of birth Aug. 23, 1897

3. Enlisted at Vancouver, B.C. on Mar 17th 1916

4. Personal description :-

(a) Height 5' 8 1/2" (b) Weight 171 (c) Complexion Medium

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

transverse scar 3" below outer half rt. clavicle.

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

6460 George St., Vancouver, B.C.

6. Former trade or occupation Student.

Table with 2 columns: Years, Days. Row 1: 1 9/12, 17

Table with 3 columns: From, To, Location. Rows: Canada (Mar. 17, 1916 - Nov. 1, 1916), England (Nov. 1916 - Feb. 12, 1917), France (Feb. 12, 1917 - Apr. 16, 1917), England (Apr. 16, 1917 - Nov. 8, 1917)

(b) Has he been Overseas? Yes.

8. Present disease or disability (use authorized nomenclature if possible). Limitation movement rt. shoulder joint.

(a) Date of origin April 9th 1917 (b) Place of origin France

(c) Cause* Bullet wound. *(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions.)

Bullet entered outer side upper third right humerus fracturing it, and passed out three inches below middle of rt. clavicle. Right shoulder extension, outwards limited to 45° forwards to 45°, backwards 30° 30°. Scar below clavicle binding muscles of pectoralis major & minor. Incapacity due to partial loss of function of right due to contraction of muscles, and binding by scar tissue. There is no pain nor loss of power of the muscles, insofar as they are able to be moved.

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

10. History ;

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

Vacc 1 left, scar inner side left forearm upper third, scar 4" long, 3" below outer and right clavicle and parellel to it.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

45% should decrease in 6 months to 25%

12. Did the disability arise on or off duty? On duty

13. Was a Court of Inquiry held? No

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

Yes..... No..... (If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 12 months.

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

Treatment in Hospital, England, Massage and special exercises.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations To be discharged, Class "E" physically unfit.

By the Medical Board. 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.)

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

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answers criticized.

Concurs.

.....
.....
.....
.....
.....
.....
.....
.....

22. 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).

23. It is certified that the soldier

- (a) ~~Does require treatment.~~
- (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).

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

To be discharged. Class "E". Physically unfit.

.....
.....
.....
.....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

.....
.....

Sgd. V.E.D. Cassleman.

President.

" Wilson Herald. Capt.

Members.

" B.E. Lang. Capt.

STATION Vancouver, B.C.

DATE Jan. 3rd, 1918

APPROVED BY

DATE _____ Assistant Director of Medical Services.

APPROVED BY

DATE _____ Director-General of Medical Services.

RECEIVED TO
 NO. ANSWER
 1918
 APR 27

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

CONFIDENTIAL INFORMATION

Report No. **HF 2431** Category **Duty** **C-111** No. of M. H. C. File No. of Local File No. of H. Q. File

Miller, Arthur H.
6460 George Street,
Vancouver,
B.C.

No. **911754** Rank **Sgt.** Original Unit **196th** Present Unit **102nd**

Age **20** Height **5ft. 8 1/2 ins.** Complexion **light** Eyes **blue** Hair **brown** Character **N.R.**

Date of enlistment **17-3-16** Where enlisted **Vancouver** Where seen service **France**

Ship returned by **Beta 10** Date of arrival **14-11-17** Port of arrival **Rfx.**

Birthplace **Canada** Religion **Methodist**

Name and address next of kin **Mother, Mrs. A.N. Miller, Same address.**

Notification of return to be sent to **-do-**

E. 1. Discharge, no pensionable disability.
 E. 2. Waiting Reclassification.
 E. 3. Discharge with claim for pension.

Cause of disability **Pain and partial loss of function of rt. shoulder (due to loss of muscle tissue on scar contraction (GSW)).**

Condition in detail which prevents the soldier from earning a full livelihood

In France 2 mos. Pt. states that he was wounded on April 9th, 1917 in rt. shoulder and L. forearm. Report states there was a fracture of upper 1/3 humerus (spiral) In Hosp. until Sept. 28th. Pt. complains of pain in L. shoulder on wet days. Restriction of motion. Complains of poor vision in rt. eye. Phys. exam. Cannot raise arm to rt. angle from shoulder. (About 60 - 70 deg.) Arm can be raised in front to rt. angle but cannot be held there by pt. Considerable muscle destruction No nerve injury except as is shown by slight atrophy of rt. pect. major. Grip good. Scar contracted (3" long) and adherent. Eye normal. Heart and lungs neg. GC. Good. Wound of L. forearm healed, no disability

Degree of incapacity (Please state in fractions) Eng. Board **---** Canadian Board **20%**

Probable duration of incapacity **Permanent.**

Does it render him permanently unfit for Military Service? **No.**

Would operation, Special treatment, or use of appliances etc., lessen incapacity? **No. Requires dental treatm.**

Destination to which transportation issued **Vancouver, B.C.**

Members of Board **E.A. ROBERTSOJ CAPT. H.M. BRUNS CAPT. R. GILLIS CAPT. W.M. GARRICK MAJOR**

C. Service in Canada.
 D. Treatment.

| DEPENDENTS | NAME | AGE | WHERE-IF EMPLOYED | WAGES | STATE OF HEALTH |
|------------|------|-----|-------------------|-------|-----------------|
| Wife | | | | | |
| Children 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Occupation prior to enlistment **Student**

Regular trade or profession **-**

Average earnings previous to enlistment **-** Any other income? **-**

Name and address of last employer **-**

Rent per month **-** If purchasing property amount due and annual payment, \$ **-** \$ **-**

Taxes **-** If Homestead, when is patent due? **-**

If carrying life or accident insurance, annual premium **-**

If in receipt of sick benefits or other insurance—name of society **-** Amt. per mo. \$ **-**

If unable to follow previous occupation, name preference **-**

At what age soldier left school? **XXXXXX** What grade, standard, &c., was he in? **-**

Has he taken any Technical or Continuation Classes, if so what? **N.A.**

Whether given Vocational Training while in Hospital in England. If so, what subjects? **-**

References **-**

Witness **N.A.** I declare that the above statement is correct.

Date **J.F. Woodley** Signature **A.H. Miller**

A. General Service.
 B. Service abroad, not general.

Recommendation by interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$ **-** Dr., \$ **-** Amount paid at Depot H.Q., \$ **-** L. P. C. leaving Depot, \$ **-**

Amount forwarded to H. Q. Unit, \$ **-** Credit Clothing allowances, \$ **-**

Transf'd to Unit—Date **-** Transf'd Class 1—Date **-** Transf'd Class 3—Date **-**

PENSION—Class **-** Amount per year, \$ **-** Period granted for **-** Dating from **-**

First payment date **-**

CONFIDENTIAL INFORMATION

Report No. [Redacted]
Category
M. H. C. No.
No. of Local File
No. of In. File

Age, Rank, Original Unit, Present Unit, Date of enlistment, Date returned by, Name and address next of kin, Number of return to be sent to, Cause of disability, Condition in detail which prevents the soldier from earning a full livelihood, Dates of incapacity, Possible duration of incapacity, Does he render him permanently unfit for military service?, Would operation, medical treatment or use of appliances etc. lessen incapacity?, Destination to which transportation issued, Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

Table with columns: DEPENDENTS, YEAR, AMT, WHERE IN ARRESTED, VALUE, STATE OF BIRTH. Rows include: Wife, Unemployed, Average earnings previous to enlistment, Name and address of last employer, Home not reached, If furnished property, Name and address of last employer, Taxes, If paying life or accident insurance, annual premium, If in receipt of sick benefits or other insurance - name of society, If unable to follow previous occupation, name business, At what age soldier left school?, Has he taken any Technical or Continuation Classes, If so what?, Whether given Vocational Training while in hospital in England, If so what subjects?, References, Witness, Date

Amount paid at Depot in Q., I. F. C. Savings Depot \$
Ordn. Clothing allowances \$
Transferred to, Unit - Date
Transferred from, Unit - Date
Amount per year, Period granted for
Form No. 88

Vertical text on the right edge of the page, possibly a page number or reference code.

34 M 301

(Father) Arthur N. Miller, 6460 George St., Vancouver, B.C.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

Original

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

No. X1, C/c. STATION VANCOUVER, B.C. DATE Jan. 3rd. 1918.

1. (a) Unit 102nd. Battn. (b) Regimental No. 911754 (c) Rank Sgt.
(d) Surname Miller (e) Christian name Arthur Harold

2. Age last birthday 20 Date of birth 23rd. Aug. 1897.

3. Enlisted at Vancouver, B.C. on March 17th. 1916.

4. Personal description :—

(a) Height 5' 8½" (b) Weight 171 (c) Complexion Medium
(d) Colour of hair Lt. Brown (e) Colour of eyes Blue (f) Identification marks Large

transverse scar 3" below outer half rt. clavicle

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

6460 George St., Vancouver, B.C.

6. Former trade or occupation Student

7. (a) Service

| | |
|---------------|-----------|
| Years | Days |
| <u>1 9/12</u> | <u>17</u> |

| | PERIODS | |
|---------|---------------|---------------|
| | From | To |
| Canada | Mar. 17, 1916 | Nov. 1, 1916 |
| England | Nov. 1, 1916 | Feb. 12, 1917 |
| France | Feb. 12, 1917 | Apr. 16, 1917 |
| England | Apr. 16, 1917 | Nov. 8, 1917 |
| Canada | Nov. 8, 1917 | Present |

(b) Has he been Overseas? Yes

8. Present disease or disability (use authorized nomenclature if possible). Limitation movement rt. shoulder joint

(a) Date of origin Apr. 9th. 1917. (b) Place of origin France

(c) Cause* Bullet wound

*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Bullet entered outer side upper third right humerus fracturing it, and passed out three inches below middle of rt. clavicle. Right shoulder extension, outwards limited to 45 degrees, forwards to 45 degrees, backwards 30 degrees. Scar below clavicle binding muscles of pectoralis major & minor.

Incapacity due to partial loss of function of right shoulder due to contraction of muscles, and binding by scar tissue. There is no pain nor loss of power of the muscles, insofar as they are able to be moved.

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

10. History ;

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

Vacc. 1 left, scar inner side left forearm upper third, scar 4" long, 3" below outer end right clavicle and parallel to it.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

45% should decrease in 6 months to 25%

12. Did the disability arise on or off duty? On duty

13. Was a Court of Inquiry held? No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? Not applicable

Yes..... No..... (If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Twelve months

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

Treatment in Hospital England, Massage and special exercises.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No

19. Can the former trade or occupation be resumed? Yes

20. Recommendations To be discharged. Class "E" physically unfit.

By the Medical Board.

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.)

I, the undersigned A. H. Miller have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

A. H. Miller Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Concurs.

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) ~~Does require treatment.~~
- (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).

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

To be discharged. Class "E". Physically unfit.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

V. B. Casselman Capt President.

W. J. ... Capt
B. E. Lang Capt Members.

STATION VANCOUVER, B.C.

DATE Jan. 3rd. 1918.

APPROVED BY

DATE JAN 16 1918

James ... Lieut. Colonel M. D. 11
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

INSTRUCTIONS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Nov 1/16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

RATE OF ASSIGNMENT

| | | | |
|------------|--|--|--|
| <i>20.</i> | | | |
|------------|--|--|--|

PARTICULARS OF SEPARATION ALLOWANCE

No. *911756*
 Rank *Sgt.* Promoted Reverted Discharge
 Soldier's Name *A. H. Miller.*
 Battalion *196th Battn.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Rev. St. A. Miller.*
 Address *6460 George St. Sth Vancouver*
 Change of Address *B.C.*
 1
 2
 3
 4

| Date | Cheque No. | Amount S/A | Amount A/P | Total |
|---------------|------------|------------|------------|------------|
| <i>1917</i> | | | | |
| <i>Dec 31</i> | <i>—</i> | | <i>260</i> | <i>260</i> |

REMARKS
A.P. etc closed 30/11/17 Retd. Olympic 6/11/17
Last ck 30/11/17 7-X, 27/11/17
\$20.00 overpaid A.P. for Nov 1917 recorded
by Cas. Gen P.M.G. 4-1-17. H.2. 649-M-
16723. 7-X. W.P. 4-1-18

CANADIAN
 ASSIGNED PAY AUDITED
[Signature]
 AUDIT CLERK
 DATE *30/5/19.*

M. F. W. 128
 40096-6-17-1772-33-1141
 L. L. 22320-M. & D. 7493.

July

C. III

Proceedings of Medical Board at Discharge Depot,
QUEBEC, Que.

No. 911754 Rank *Sgt.* Name and Corps of disabled Soldier:—
Miller, Arthur Harold, 102nd Batt.

Previous civilian occupation:— *Student.*

Cause of Disability:— *Pain & partial loss of function of rt. shoulder.
(Due to loss of muscle tissue & Scar contraction) G.S.W.*

Condition, in detail, which prevents the soldier earning a full livelihood:—

In France 2 mos.
Pt. states that he was wounded on April 9th 1917. in
rt. shoulder & l. fore arm. Report states there was a
fracture of upper 1/2 humerus. (Spiral). In Hosp.
until Sept. 28th Pt. complains of pain in rt. shoulder
on wet days. Restriction of motion. Complaints of poor
vision in rt. eye. Phys Exam: Can't raise arm to rt.
angle from shoulder. (About 60-70°) Arm can be raised
at front & rt. angle but cannot be held there by pt.
Considerable muscle destruction. No nerve injury except
Grip good. as is shown by slight atrophy of rt. pect. major. Scar
contracted (3" long) & adherent. Eyes normal.
Heart & lungs *neg. G.C. 9005.*

OPINION OF THE BOARD.

Wound of l. fore arm healed. No disability.
Degree of incapacity. (Please state in fractions) *20%.*

Probable duration of incapacity:— *Permanent.*

Does it render him permanently unfit for Military Service? *No.*

Would operation, Special treatment, or use of appliances, etc., lessen incapacity?

No.
Signature:— *Requires outpt treatment. E. Roberts, Capt*
President.

Station:— *Quebec.*
Date: *Nov. 18th 1917*
P. H. Burns, Capt
R. Miller, Capt
Members

APPROVED.

Date: *18th 17*
W. L. Cornick, Major
Asst. Director Medical Services.

Date:
Director General Medical Service.

Proceedings of Medical Board at Discharge Depot

October One

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OPINION OF THE BOARD

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APPENDIX

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