

166840  
ATTESTATION PAPER.

No. 166,840

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Robert Edward Millar
2. In what Town, Township or Parish, and in what Country were you born?..... Muskoka, Ontario, Canada
3. What is the name of your next-of-kin?..... Annie Elizabeth Millar - Wife
4. What is the address of your next-of-kin?..... 15 Plains Rd., Todmorden, Ontario,
5. What is the date of your birth?..... June 16th., 1885 Canada
6. What is your Trade or Calling?..... Labourer
7. Are you married?..... Yes
8. Are you willing to be vaccinated or re-vaccinated? and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?.. No  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the) Yes  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?)

Robert E. Millar (Signature of Man).J. Power (Signature of Witness).

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Edward Millar, do solemnly declare that the above answers made by me to the above questions 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.

Robert E. Millar (Signature of Recruit)Date September 14th., 1915 J. Power (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Edward Millar, 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.

Robert E. Millar (Signature of Recruit)Date September 14th., 1915 J. Power (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 Toronto this 14th., day of September 191 5

Mrs. M. M. M. (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

H. B. Stuart (Approving Officer)

Description of Robert Edward Millar on Enlistment.

Apparent Age.....30.....years.....3.....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. 9½.....ins.

Scar on right leg.

Chest measurement (Girth when fully expanded.....36.....ins.  
 Range of expansion.....2.....ins.)

Complexion.....Fair.....

Eyes.....Grey.....

Hair.....Brown.....

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

## 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.....September 14th......1915

Place.....Toronto, Ontario.....

*R. J. Mac Millan*  
 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.

.....Robert Edward Millar.....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.

*M. Mahlon Davis*.....(Signature of Officer)

Date.....16/12/15.....1915

*Lt. Col.*  
ob. **2nd CANADIAN PIONEER BATTALION**

REGIMENTAL DOCUMENTS

NAME

*Miller*

*Robert E. Edwards*

REGT. NO.

*166840*

UNIT

H. Q. FILE NO.

3

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

20698

H

44-13  
27-13  
2-14  
1

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

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

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

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

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

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

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

DENTAL HISTORY SHEET (M.F.B. 465)

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

MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

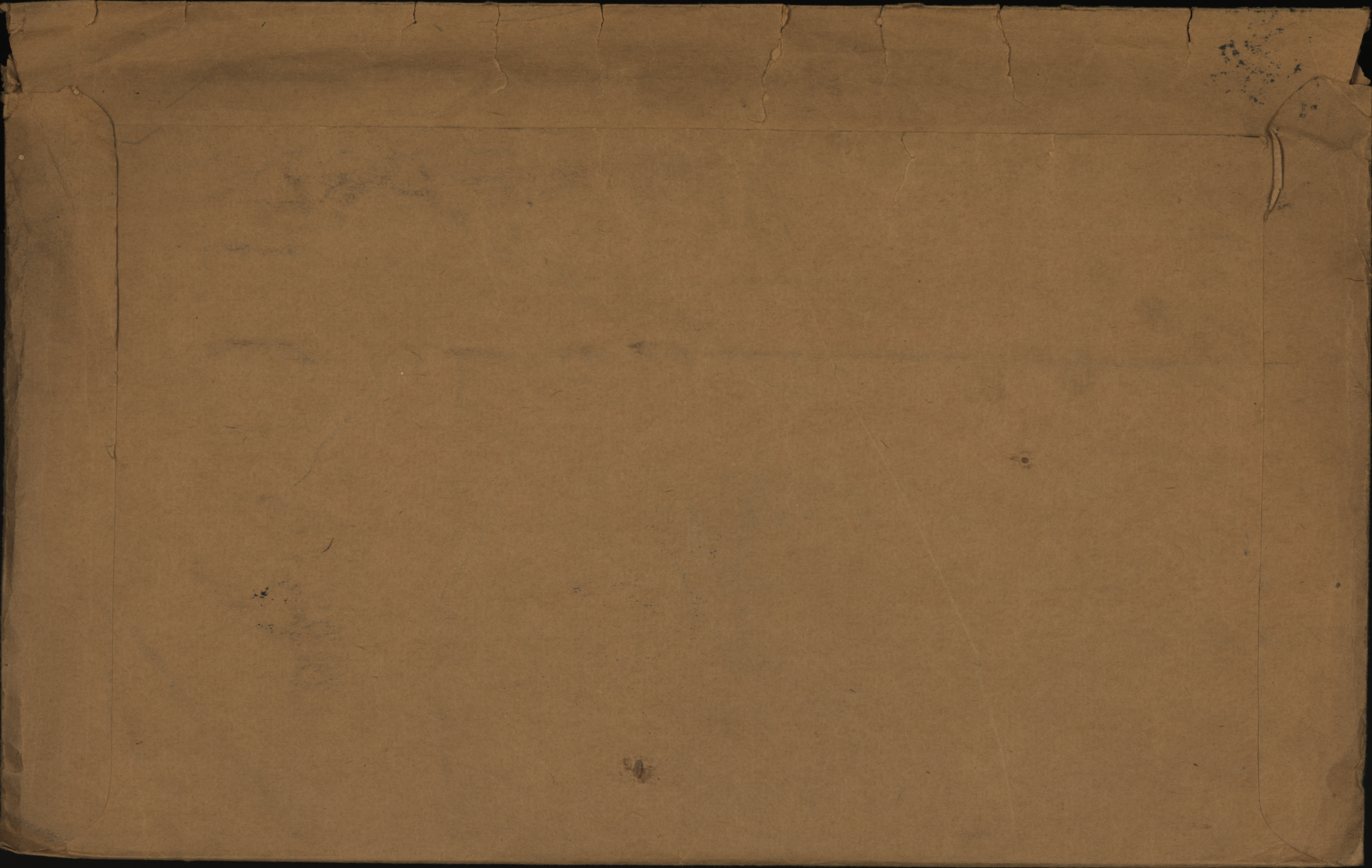
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

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

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

*1 Pass Card*  
*1 Card*  
*1 122*  
*1 Pay card*  
*1 122 card*

*M. 27220*



No. *66840*

RANK

*Pte*

NAME

*Millar R. E*

T. O. S.

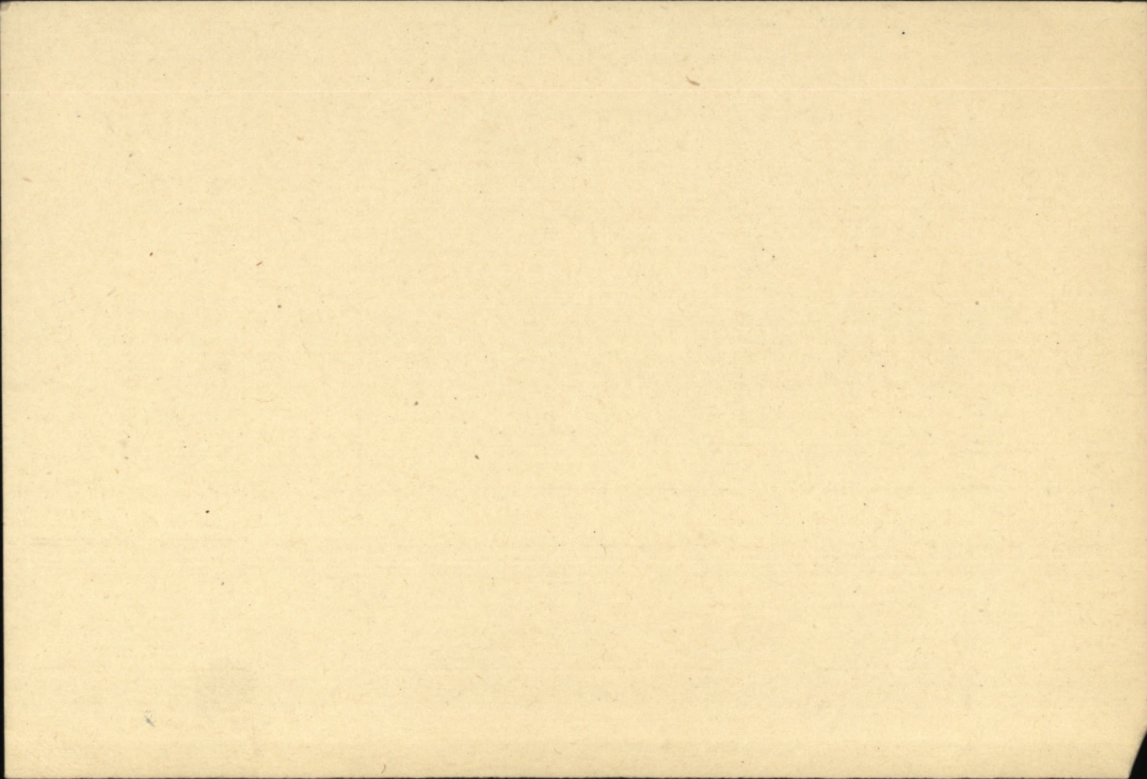
UNIT

*2nd Can Pioneer Battalion*M. D. *5-*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Oct 27</i>	<i>1915 Nov 30 See</i>	<i>e N</i>		

UNIT SAILED

DEC 6 1915



NAME

Millar, Robert Edward.

D ✓

RANK & NO.

Pte.

166840

CORPS

2<sup>nd</sup> Pioneer

Batt.

ENLISTMENT, PLACE

Toronto, Ont.

DATE

Sept. 14<sup>th</sup>, 1915 m.

FORMER CORPS

Nil

COUNTRY OF BIRTH

Canada, Muskoka, Ont.

NEXT OF KIN

Millar, Mrs. Annie Elizabeth (Wife).

ADDRESS OF NEXT OF KIN

~~99 Caton Ave., Todmorden, Ont.~~

221 Gamble Ave (auth Sa a P, 21-2-16)

DISCHARGE, PLACE

DATE

9/86-12-15,  $\frac{290}{12}$





REGT'L. No. 166840

NAME

Millar, Robert Edward

H. Q. FILE NO. 649

RANK AND CORPS

Pvt. 2nd Can Pwr. Bn.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

6

NATURE OF CASUALTY

NO.	DATE	NATURE OF CASUALTY
<u>M 5530</u>	<u>6-6-17</u>	<u>Seriously injured, 23 casualty clearing station, June 4th, 1917. ✓</u>
<u>M 5586</u>	<u>17-6-17</u>	<u>Died at No 23 Cas. Cl. Stat. June 11th, 1917.</u>
<u>Army form B2090a</u>	<u>11-6-17</u>	<u>Died No 23 cas. clear. Stat., 11-6-17</u>
<u>Rouen</u>	<u>20-6-17</u>	<u>Fract. Base of skull (accidental)</u>
<u>Rec'd</u>	<u>31-8-17</u>	

LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A. 346	No 23 Cas. Clearing Station reports	4-6-17	Seriously injured.
A. 355	O.C. No 23 Cas. Cl. Stat. ref.	11-6-17	Died (Not stated.)
A. 361.	Above casualty diagnosed as.		Frac. Base of skull acc.

*Not eligible for Star.*

MILLAR, R.E. <sup>ROBERT</sup> <sup>EDWARD</sup> PTE.

#166840 2nd. Pnr. Bn. 678 ✓

MEDALS &  
DECORATIONS.

Widow- Mrs. Anne Elizabeth Millar,  
184 Bee St., Todmorden, Ont.,

*M*

P. & S.

Widow- as above.

*Serial No. 757808*

C. of S.

Widow- as above.

Also father- David Millar,  
Millar Hill P.O. Muskoka  
Ont.,

(Mother survived but afterwards died)

*code  
Rth*

*W sleep 20 <sup>3</sup>/<sub>20</sub> Q 3115*

*3274 / 1. 0.*

W C 3115<sup>-</sup> Resp. 20<sup>3</sup>/<sub>20</sub>  
F C 3123

Scroll Desp. 8<sup>12</sup>/<sub>10</sub> Reqn. No. Z 35-20

Plague Desp. NOV 25 1921 Reqn. No. P 17910

AP

166840

Pte

Number.

Rank

Surname.

MILLAR

Christian Name.

Robert Edward

Unit

Can. Enr. Bn.

Theatre of War

France

Date of Service.

9-3-16

Remarks.

Widow

Latest Address.

Mrs. Anne Elizabeth Miller

184 BEE ST.

Tadmorden, Ont

Roll No.

"B" Page 6030

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY

424304B-Steel  
SEP 29 1918

Name **Edward MILLAR, Robert** Rank **Pte**

Reg. No. **166840**

Unit **2nd. PIONEERS**

Next of Kin **CANADA**

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
June	1. No. 23. C.C.S. SERIOUSLY INJURED		Not Stated	A. 346.	M-5530	
11.	Died		do	A. 355.	G. 5586.	
	Casualty has now been diagnosed as Frac Base of skull acc.			A. 360		





## MEDICAL HISTORY SHEET.

Surname Muller Christian Name Robert

Examined { on <u>14th.</u> day of <u>September</u> 191 <u>5</u> at <u>Toronto, Ontario</u>	Approved by <i>R. Macmillan</i>																														
Birthplace { City or Town <u>Muskoka</u> County <u>Ontario, Canada</u>	Rank <u>Capt</u> M.O.																														
Apparent age <u>30 years 3 months</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 15%;">Fit or Unfit</th> <th style="width: 70%;">EXAMINED FOR RE-ENGAGEMENT,</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,																											
Date		Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,																												
Trade or occupation <u>Labourer</u>																															
Height <u>5</u> Feet <u>9 1/2</u> Inches.																															
Weight <u>139</u> Lbs.																															
Chest measurement { Minimum <u>34</u> inches. Maximum expansion <u>36</u> inches.																															
Physical development <u>Good</u>																															
Small-Pox Marks <u>none</u>																															
Vaccination Marks { Arm Right <u>0</u> Left <u>0</u> Number <u>0</u>																															
When Vaccinated last <u>Never</u>																															
(a) Marks indicating congenital peculiarities or previous disease <u>None</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 15%;">Result</th> <th style="width: 70%;">VACCINATIONS.</th> </tr> </thead> <tbody> <tr> <td><u>15-16</u></td> <td><u>S</u></td> <td><u>D J McKay</u> M.O.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Date	Result	VACCINATIONS.	<u>15-16</u>	<u>S</u>	<u>D J McKay</u> M.O.																								
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<u>15-16</u>	<u>S</u>	<u>D J McKay</u> M.O.																													
(b) Slight defects but not sufficient to cause rejection <u>Teeth</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 15%;">Result</th> <th style="width: 70%;">ANTI-TYPHOID INOCULATIONS, ETC.</th> </tr> </thead> <tbody> <tr> <td><u>22/11/15</u></td> <td><u>S</u></td> <td><u>D J McKay</u> M.O.</td> </tr> <tr> <td><u>29-11-15</u></td> <td><u>S</u></td> <td><u>D J McKay</u> M.O.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	<u>22/11/15</u>	<u>S</u>	<u>D J McKay</u> M.O.	<u>29-11-15</u>	<u>S</u>	<u>D J McKay</u> M.O.																					
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<u>29-11-15</u>	<u>S</u>	<u>D J McKay</u> M.O.																													

Enlisted on 14th. day of September 191 5 at Toronto, Ontario

CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment <u>2nd., Q.O.R.</u>			
Transferred to.....	<u>2nd Canadian Pioneer Bn 166,840.</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.



26

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

# Casualty Form—Active Service.

CERTIFIED CORRECT.  
Canadian Record Office,  
Westminster House,  
MANCHESTER, S.W.  
M. F. W. 54.  
150M. 10-15.  
H.Q. 1772-39-920.

Unit, Regiment or Corps

**2nd CANADIAN PIONEER BATTALION**

Regimental No. 166840 Rank Pte Name Miller R. Edwards  
C. E. F.

Enlisted (a) 14/9/15 Terms of Service (a) duration of war Service reckons from (a) 14/9/15

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) \_\_\_\_\_

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>LANDED IN FRANCE. HAVRE. 8-3-16</b>			
<u>9/17</u>	<u>16. 36 P.B.</u>	<u>mill back 2nd troop</u>	<u>Seid</u>	<u>2/17</u>	<u>12213</u>
<u>15/17</u>	<u>23. C. C. S.</u>	<u>Seid from fine base of skull - (accidental)</u>	<u>23. C. C. S.</u>	<u>11/17</u>	<u>229. 200 15-16-9290 Pat. II order 55-2/22/17</u>
			<u>Whodan</u>		<u>Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.</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) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

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				

*2nd Contingent*MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTSTo Whom *Mrs Annie Millar*

Address

*201 ~~Stamper Ave~~,  
99 ~~Baton Ave~~  
184 ~~St~~ ~~Beu St~~  
~~Tadmorden~~, ~~Toronto~~ ~~Ont~~*By Whom Assigned *Millar R. E*

Regtl. No.

*(166840)*Rank *Pte*Corps *B. Co. 2nd Can Pioneer Batt*Rate *\$20.00* *Dec 1<sup>st</sup> 1915. Nom. Roll. R.A.S.*

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid black; padding: 5px;">           Pensions Notified Date <i>22-6-17</i>            Killed in Action <i>11-6-17</i>            Died of Wounds <i>11-6-17</i>            Missing <i>11-6-17</i>            C. L. (17) 18/6/17 <i>J. Belling</i>            Date Noted <i>22-6-17</i> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>N 11619</i>	<i>20</i>	
Jan.	1916	<i>S 11366</i>	<i>20</i>	
Feb.		<i>U 13623</i>	<i>20</i>	
March		<i>X 13886</i>	<i>20</i>	

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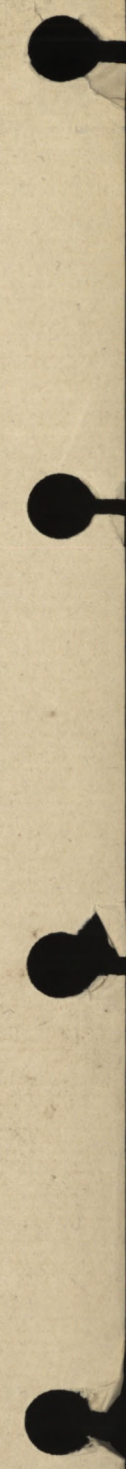
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MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
 60m.-12-15.  
 1772-39-819.

Sheet No. Annemie Miller

OVERSEAS CONTINGENTS

Name of Soldier Miller R.E.

PAYMENTS.

pte. "B" Coy 2nd Can Engineers  
20.00

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

Month.	Year.	Cheque No.	Amt.
April	1916	9 1410	20
May		X 4578	20
June		C 2432	20.
July		S 9166	20
Aug.		E 12740	20
Sept.		O 19448	20
Oct.		M 21444	20
Nov.		P 26294	20
Dec.		R 29917	20
Jan.	1917	J 41029	20
Feb.		J 46362	20
March		C 51932	20
April		X 3627	20
May		X 10371	20
June		M 18833	20
July		X 23142	20
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

Ms. A.B.

WB

20 B. @ F 4 380<sup>00</sup> - 30/6/17 J.K. 22-6-17  
 20 C. Me to remain open  
 20 A. until pension granted J.K. 22/6/17  
 B.  
 20

Pension Granted... 1/8/17  
 B.P.C. to Recover \$ ...  
 Clerk: J.K. 25/7/17

P.X. Road. Date... By...  
 P.T.X. " Date 8-12-17 By J.K.

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.				
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Dec.				
Jan.	1919			
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Jan.	1920			
Feb.				
March				
April				
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July				
Aug.				
Sept.				
Oct.				
Nov.				



14/9/15 MILITIA AND DEFENCE

169

SEPARATION ALLOWANCE

Name *Annie Eliza Millar*

Name of Soldier *Millar Robt Edward*

Address ~~1204 Leslie St.~~

Regtl. No.

~~998 Euston Ave. Toronto~~

Rank *Pte*

~~221 Gamble Ave. n.s.~~

Corps *Toronto Base Bn*

*184 Be St.  
Todmorden  
Toronto*

Relation to Soldier } *Wife*  
wife, child or mother }

To what Corps belonging }  
when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.		<del>E 20570</del>	<del>31</del>	<del>31</del> <i>E 20570 cancelled per address 14/15</i>
Nov.		<i>J 17013</i>	<i>57</i>	<i>51</i>
Dec.		<i>M 15891</i>	<i>20</i>	<i>20</i>
Jan.	1916	<i>18759</i>	<i>20</i>	<i>20</i>
Feb.		<i>M 25462</i>	<i>20</i>	<i>20</i>
March		<i>J 27258</i>	<i>20</i>	<i>20</i>

ACCOUNT CLOSED  
DATE..... PER.....  
*W-*

SYMBIONESE LIBERATION ARMY

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## SEPARATION ALLOWANCE

Mrs. A. E. Millar

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2.

Name of Soldier

Millar, R. E.

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	G2349	20	20
May		R3930	20	20
June		Z2776	20	20
July	15	W10526	20	20
Aug.		H12575	20	20
Sept.		X16559	20	20
Oct.		C20256	20	20
Nov.		I22304	20	20
Dec.		J25855	20	20
Jan.	1917	T29656	20	20
Feb.		<del>T22567</del>	20	20
March		O.33641	20	20
April		Y35761	20	20
May		T1748	20	20
June		T4927	20	20
July		T8462	20	20
Aug.		T11729	20	20
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Pensions Notified Date... 20/6/17.....  
 Killed in Action }  
 Died of Wounds } Date... 11/6/17.....  
 Missing }  
 C. L. 17... 8/6/17... Clerk... J. P. H. ...  
 Date Noted ..... 1917

Pension Granted: 1-8-17  
 B.P.C. to Recover \$.....  
 Clerk: J. P. H. Date 26-7-17

T 22567 cancelled Remite

ACCOUNT CLOSED

DATE..... PER W

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier .....

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.				

*W. Miller*

Register No. *DM 273*

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *012848-R-17*

Regt'l No. *166840* Name *Robert Edward Millar*  
(Christian Name) (Surname)  
Unit *3rd Can P Bn* Rank *Private* Date of enlistment.....  
Date of casualty *11-6-17* B.P.C. File No. *12966*  
Was service performed overseas? *Yes*

DEPENDENT

Name *Mrs Annie Eliz Millar* Relationship *Widow*  
Address *1204 Leslie St.*  
*Todmorden*  
*Ontario*

Amount of Special Pension Bonus \$ *80.00* Abstracted by *G.M. Rully*

Eligible for Gratuity ..... \$ *18000*  
Less amount of Special Pension Bonus paid..... \$ *8000*  
Less Debit Balance of S. A. or A.P..... \$ .....  
Total deductions \$ *8000*  
Balance due \$ *100.00*

Cheque No. *91891795* Date issued *16/7/20*

Clerk *J. McMillan*

REMARKS :  
.....  
.....  
.....  
.....

Audited by  
*[Signature]*  
Date *16.7.20*

\$100

*10829*

M.F.W. 2652  
25M-6-20,  
H.Q. 1772-39-1473

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$

per diem; Field Allowance \$

per diem. Separation Allowance \$

per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. R	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks.

M. F. W. 127  
300M-1-10  
1772-39-1140

RVG

Rank *Pte* Name **MILLAR, Robert Edward** Reg'l No. **166840**  
 Unit **2nd Pioneer Bn** If in perm. Corps, What Unit? Married or Single **Married**  
 Place and Date of Enlistment **Toronto, Sept 14th 1915** Place of Birth **Muskoka, Ont, CAN**  
 Name and Address, Next-of-Kin **Annie Elizabeth Millar,**  
**99 <sup>E</sup> Waton Ave, Todmorden, Ont, Canada.** Relationship **Wife**  
 Assigned Pay Monthly \$ **20<sup>00</sup>** Payable to *next of kin* Relationship

Separation Allowance \$ Payable to

Discharge, Date and Place *Died. 11.6.17*  
*br 355 d/18/17* Reason Relationship

Entered *at* Character *at* Card Index

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
<i>1 Jan</i>	<i>31</i>	<i>31</i>	<i>1<sup>00</sup></i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3 10</i>	<i>13 63</i>	<i>47 73</i>			<i>7 30</i>	<i>20</i>		<i>27 90</i>	<i>20 43</i>	<i>bal from Canada</i>
<i>1 Feb</i>	<i>29</i>	<i>29</i>	<i>1<sup>00</sup></i>	<i>29</i>	<i>29</i>	<i>10</i>	<i>2 90</i>		<i>31 90</i>			<i>7 31</i>	<i>20</i>		<i>27 91</i>	<i>25 02</i>	
<i>total</i>	<i>31</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>31</i>	<i>-</i>	<i>3 10</i>		<i>34 10</i>			<i>524 20</i>	<i>-</i>		<i>2524</i>	<i>3388</i>	<i>✓</i>
		<i>91</i>		<i>91</i>			<i>9 10</i>	<i>1363</i>	<i>11373</i>			<i>1985 60</i>	<i>-</i>		<i>7985</i>		

BALANCE TRANSFERRED TO NEW LEDGER.

Carried forward to  
Large Ledger sheet

Statement of  
OCT 31 1917  
Account rendered

*S. H. S.*





MARRIED OR SINGLE *M.*  
 PLACE OF BIRTH *Muskoka, Ont.*  
 NAME AND ADDRESS OF NEXT OF KIN *Annie Elizabeth Millar,  
 99 Eaton Ave., Redmorden, Ont.*  
 RELATIONSHIP OF NEXT OF KIN *wife,*  
 NAME AND ADDRESS OF NEXT OF KIN  
 RELATIONSHIP OF NEXT OF KIN  
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)  
 PAYABLE TO  
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &C.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Dead Killed in Act.</i>	<i>11/6/17</i>	<i>A. 2 Cl. 355/18/17</i>

ADMISSIONS TO HOSPITAL, &C.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
---------------	-----------------	----------	------------------

REG'L No. *166840* RANK *Pte* NAME *Millar, Robt Edward*  
 IF IN PERM. CORPS | UNIT *2nd Pm. Co.* TRANSFERRED TO *Sub. L. Died* DATE *1-7-1917* AUTHORITY *Cl. 355/18/17*  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
 PLACE OF ATTESTATION *Toronto, Ont.* TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION *14 Sept. 1915.* TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ *20<sup>00</sup>* DATE EFFECTIVE *1 Dec. 1915.* *Cl. Died 11/6/1917*  
 PAYABLE TO *Next of kin, Annie Elizabeth Millar, 99 Eaton Ave., Redmorden* RELATIONSHIP *wife*  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE *Ontario*  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE *1-7-1917* REASON *Died - 11/6/1917.*  
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY *Entered on N.E. Card Index A. 4*  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)  
 Checked by *J. Black*

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		NO. OF DAYS	RATE		NO. OF DAYS	RATE					NO. OF DAYS	RATE		1	2	3	4	1				2	3				4	CREDIT	DEBIT		
		\$	C.		\$	C.		\$	C.					\$	C.																		
<i>1916</i>																																	
<i>March 31</i>		<i>91</i>			<i>9</i>	<i>10</i>				<i>13 63</i>	<i>113 73</i>																						
<i>April 30</i>	<i>100</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>					<i>33</i>	<i>396</i>	<i>10/4</i>	<i>1150</i>	<i>26/4</i>						<i>2 62</i>	<i>2 62</i>		<i>20</i>			<i>25</i>	<i>24</i>	<i>11 64</i>				
<i>May 31</i>		<i>37</i>		<i>37</i>		<i>3</i>	<i>10</i>				<i>34 10</i>	<i>502</i>	<i>1/5</i>	<i>347</i>	<i>26/5</i>						<i>2 56</i>	<i>2 55</i>		<i>20</i>			<i>25</i>	<i>11</i>	<i>50 63</i>				
<i>June 30</i>		<i>30</i>		<i>30</i>		<i>3</i>					<i>33</i>	<i>652</i>	<i>23/6</i>								<i>2 55</i>		<i>20</i>			<i>20</i>		<i>63 63</i>					
<i>July 31</i>		<i>37</i>		<i>37</i>		<i>3</i>	<i>10</i>				<i>34 10</i>	<i>599</i>	<i>1/6</i>	<i>702</i>	<i>1/7</i>						<i>2 55</i>	<i>2 62</i>		<i>20</i>			<i>24</i>	<i>12</i>	<i>70 01</i>				
<i>Aug 31</i>		<i>31</i>		<i>31</i>		<i>3</i>	<i>10</i>				<i>34 10</i>	<i>761</i>	<i>25/10</i>								<i>2 61</i>		<i>20</i>			<i>22</i>	<i>61</i>	<i>8 50</i>					
<i>Sept 30</i>		<i>30</i>		<i>30</i>		<i>3</i>					<i>33</i>	<i>876</i>	<i>25/10</i>	<i>825</i>	<i>1/10</i>						<i>2 62</i>		<i>20</i>			<i>36</i>	<i>57</i>	<i>77 93</i>					
<i>Oct 31</i>		<i>31</i>		<i>31</i>		<i>3</i>	<i>10</i>				<i>34 10</i>	<i>955</i>	<i>24/9</i>	<i>1012</i>	<i>15/10</i>						<i>2 62</i>	<i>2 62</i>		<i>20</i>			<i>25</i>	<i>24</i>	<i>86 79</i>				
<i>Nov 30</i>		<i>30</i>		<i>30</i>		<i>3</i>					<i>33</i>	<i>1034</i>	<i>23/10</i>								<i>2 61</i>		<i>20</i>			<i>22</i>	<i>61</i>	<i>97 18</i>					
<i>Dec 31</i>		<i>31</i>		<i>31</i>		<i>3</i>	<i>10</i>				<i>34 10</i>	<i>1121</i>	<i>26/11</i>								<i>11 33</i>		<i>20</i>			<i>33</i>	<i>95</i>	<i>97 33</i>					
<i>Total</i>	<i>31</i>	<i>13</i>	<i>16</i>	<i>36</i>	<i>60</i>						<i>13 63</i>	<i>515</i>	<i>23</i>								<i>61 72</i>	<i>18 26</i>		<i>19 85</i>	<i>300</i>		<i>399</i>	<i>83</i>					
<i>Jan 31</i>	<i>1</i>	<i>10</i>		<i>34</i>	<i>10</i>						<i>34 10</i>	<i>1172</i>	<i>10/12</i>								<i>2 61</i>		<i>20</i>			<i>22</i>	<i>61</i>	<i>108 82</i>		<i>Nil</i>			
<i>Feb 28</i>		<i>30</i>	<i>80</i>								<i>30 80</i>	<i>1297</i>	<i>23/1</i>								<i>2 62</i>		<i>20</i>			<i>25</i>	<i>24</i>	<i>114 38</i>					
<i>Mar 31</i>		<i>34</i>	<i>10</i>								<i>34 10</i>	<i>1481</i>	<i>24/2</i>	<i>1443</i>	<i>21/2</i>	<i>1586</i>	<i>25/2</i>				<i>2 62</i>	<i>2 61</i>	<i>20</i>			<i>33</i>	<i>08</i>	<i>115 40</i>					
		<i>50</i>	<i>60</i>								<i>13 63</i>	<i>515</i>	<i>23</i>								<i>61 72</i>	<i>18 26</i>		<i>19 85</i>	<i>300</i>		<i>399</i>	<i>83</i>					

*\$380<sup>00</sup> AP. (from 1-12-15 to 30-6-17) at 20<sup>00</sup> per 6 Feb from 4/22/17. R.N.*

Statement of  
 OCT 31 1917  
 Amount rendered

PAY BOOK CHECKED  
 Date *15-11-17*  
*Edwards*  
 N.E. BRANCH

Small  
 Ledger Sheet  
 Small  
 per Sheet



RVG

R-122

Rank **Pvt** Name **MILLAR, Robert Edward** Reg'l No. **166840**

Unit **2nd Pioneer Bn** If in perm. Corps, }  
What Unit? } Married or Single **Married**

Place and Date of Enlistment **Toronto, Sept 14th 1915** Place of Birth **Muskoka, Ont, CAN**

Name and Address, Next-of-Kin **Annie Elizabeth Millar,**  
**99 Eaton Ave, Todmorden, Ont, Canada.** Relationship **Wife**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 1708  
File R.L. 25-M-5197  
Category Died. (NS.)

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 14. 1915</i>			
		<i>Embarked for France. 9 - MAR 1916</i>			
<i>6.6.17</i>	<i>2nd Pms No. 23.C.65</i>	<i>Seriously Injd.</i>	<i>Field</i>	<i>4.6.17</i>	<i>Cl A 346</i>
<i>18.6.17</i>	<i>"</i>	<i>Died. at No 23 C. 6. 5.</i>	<i>"</i>	<i>11.6.17</i>	<i>355 not stated</i>
<i>20.6.17</i>	<i>"</i>	<i>Died from Frac. Base of Skull (accidental)</i>	<i>"</i>	<i>11-6-17</i>	<i>PTLO #55</i>
					<i>a 360</i>



Name Miller Pte.

Regimental No. 2540589

Unit D.D.4

Bgde. or Div. \_\_\_\_\_

Nationality \_\_\_\_\_

Injury L. Stump

Received at \_\_\_\_\_

Referred from Dr.  
Leint. Brown.

RADIOGRAPHS { Scratch out parts not needed } (Plates) (~~Brom. Paper~~) (~~Stereo~~) (~~Localization~~) (Screened only)

SIZE	DATE	REMARKS
10 X 12	19-9-19	2 Plates
X		
X		
X		
X		
X		
X		
X		
X		
X		

Name Miller, Pte.  
Dr.  
Leint. Brown.  
Plat 2076  
No. 2540589

LEGS  
KNEES

Diagnosis and Localization

The femur has been removed completely. The outline of the cotyloid cavity is irregular, there is a spur<sup>of</sup> callus extending upwards & outwards from the upper aspect of the cotyloid cavity. sequestrum present.

Radiographs by

Rms Chapman

Report by

Major Pirce