

**ATTESTATION PAPER.**

No. 349224

Folio.

**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**

(ANSWERS.)

- 1. What is your surname?..... Mills
- 1a. What are your Christian names?..... Ernest Nelson
- 1b. What is your present address?..... 2350 Drolet St. Montreal. Que.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Montreal.
- 3. What is the name of your next-of kin?..... Mills James.
- 4. What is the address of your next-of-kin?..... 2350 Drolet St. Montreal.
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... May 7th, 1907.
- 6. What is your Trade or Calling?..... Salesman
- 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 } Yes.  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

**DECLARATION TO BE MADE BY MAN ON ATTESTATION.**

Ernest Nelson Mills....., do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

E. N. Mills (Signature of Recruit)  
E. M. Hughes (Signature of Witness)

Date July 28th. 1916

**OATH TO BE TAKEN BY MAN ON ATTESTATION.**

Ernest Nelson Mills....., do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

E. N. Mills (Signature of Recruit)  
E. M. Hughes (Signature of Witness)

Date July 28. 1916

**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 Kingston, Ont. this..... day of JULY 1916.  
[Signature] (Signature of Justice)

2



Description of Ernest Nelson Mills on Enlistment.

Apparent Age.....19 years .....2 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5 ft. 7 ins.

Chest measurement. { Girth when fully expanded.....38 ins.  
 Range of expansion.....4 ins.

Complexion.....medium

Eyes.....Brown

Hair.....Brown

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

*fit*

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.....July 28. th 1916. 191

*H. A. Bayce*

Place.....Kingston, Ont.

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.

Ernest Nelson Mills.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

*G. M. Cant* (Signature of Officer)  
 Commanding "C" Battery, R. C. H. A.

Date.....July 28. th 1916. 191



MILLS ERNEST NELSON

349224

6 BTY C.F.A.

23099

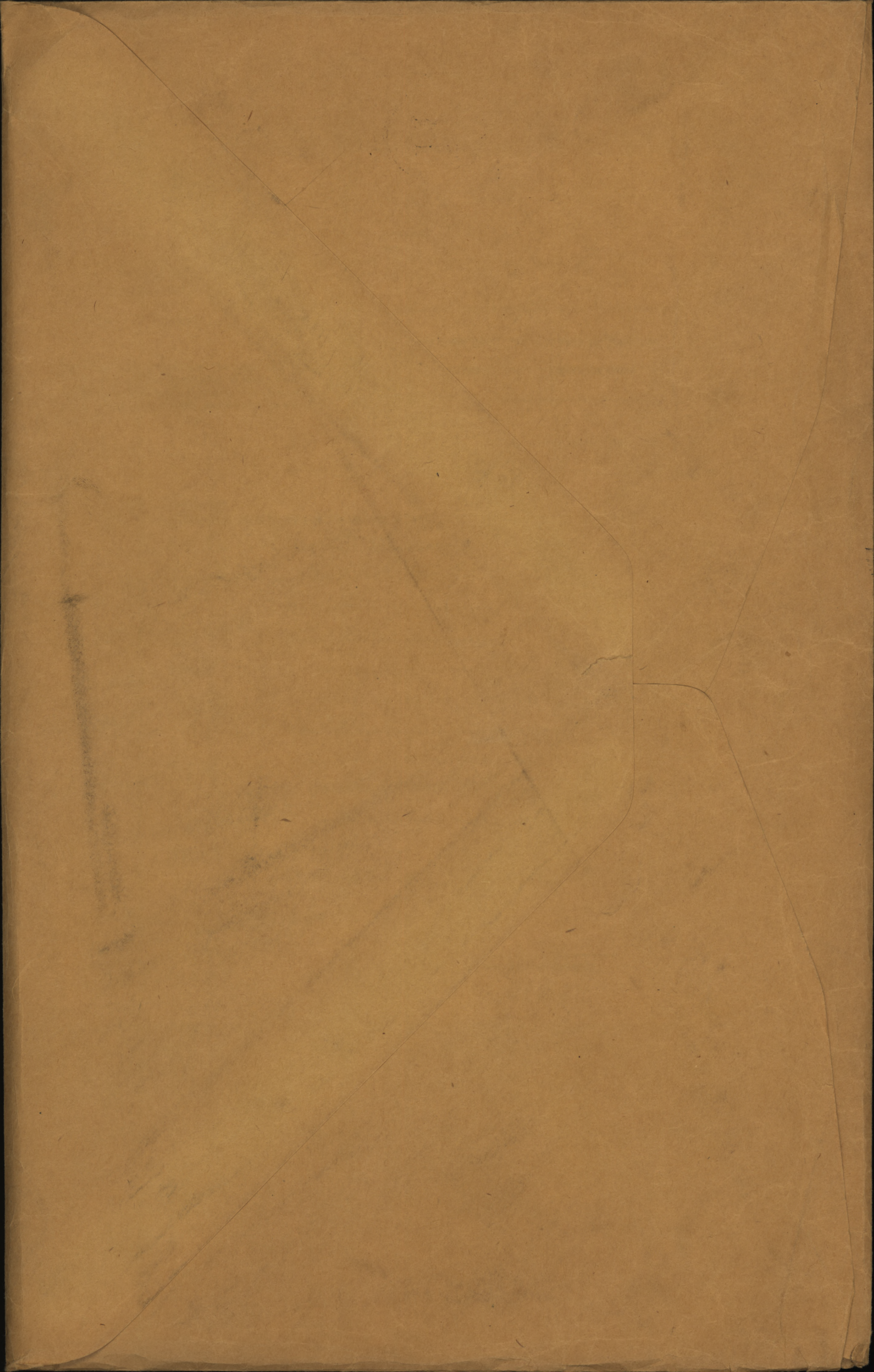
CER. REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.

DEMOB



408483







my  
Sam

~~B~~  
~~V~~

Number. 349,224 . . . . . Rank. : Gia.

Surname. . . . . MILLS

Christian Name. Ernest - Talson

Units C.F.A. . . . . . Theatre of War. France

Date of Service. 27-2-17

Remarks. . . . .

Latest Address. 2350 Dorset Street  
Montreal

Roll No. B. Page 5615. P.Q.



No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

EP 28.121  
 495-6110-158



Convalescent Hospital,  
Woodcote Park, Epsom.

HOSPITAL.

A. & D.  
CARD

A. & D. No. *AT 2062* PL. OF ACTION *1*

RANK *Gun* REG. No. *349224* UNIT *B.F.G.* SICK OR WOUNDED

NAME *Mills E.N.* AGE *21* RELIGION *C.C.*

PLACE IN HOSPITAL

DIAGNOSIS *Tuberculosis Pat. leg.*

ADMITTED *25 JAN 1918* FROM *2 W. Y. Meheran*

DISCHARGED *A 8.3.18* TO *C.A. Wiley*

TRANSFERRED

SERVICE AT HOME *2 1/2* IN FIELD *1 1/2*

RESULTS

(See Document Card for M.H. Sheet and other Documents.)



REMARKS.

26.1.18 Has at present several boils over his  
body. Feeling fine. Eye kept.

4.3.18 Swindles healed chest clear. no evidence  
of disability.

B. Channe left



SURNAME.

*Mills*

"B"6.  
CARD NO.  
*SOS No. 29-4-19*  
*Demob. # 6 pp*  
*No. 114 FOLL 24-4-19*

CHRISTIAN NAMES

*Ernest Nelson*

REGL. No. *349224*

RANK *Lt*

UNIT *E Bty R.L.H.A. (9th P.D.)*

FORMER CORPS *Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Mills James*  
*Father*

RELATIONSHIP TO SOLDIER

ADDRESS *2350 Drott St*  
*Montreal P.Q.*

COUNTRY OF BIRTH

*Canada Montreal P.Q.*

DATE

*May 7<sup>th</sup> 1897*

PLACE OF ATTESTATION

*Kingston, Ont.*

DATE

*July 1916*

*0/5.23/9/16 <sup>550</sup>/<sub>2</sub>*



*R/C 21-4-19 <sup>309</sup>/<sub>46</sub> Sig*



Sailed from Halifax P.S.S. Lapland 23-9-16

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Salesman

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

19

YEARS

2

MONTHS

HEIGHT

5-

FEET

7

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

4

INCHES

COMPLEXION

Medium

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Kingston, Ont.

DATE

July 28<sup>th</sup> 1916

Present address. 2330 Drott St. Montreal  
P.Q.



No 349224

RANK

Cms.

NAME

Mills, E T6

T. O. S. 28-7-16

D.O. 1647 29-7-16

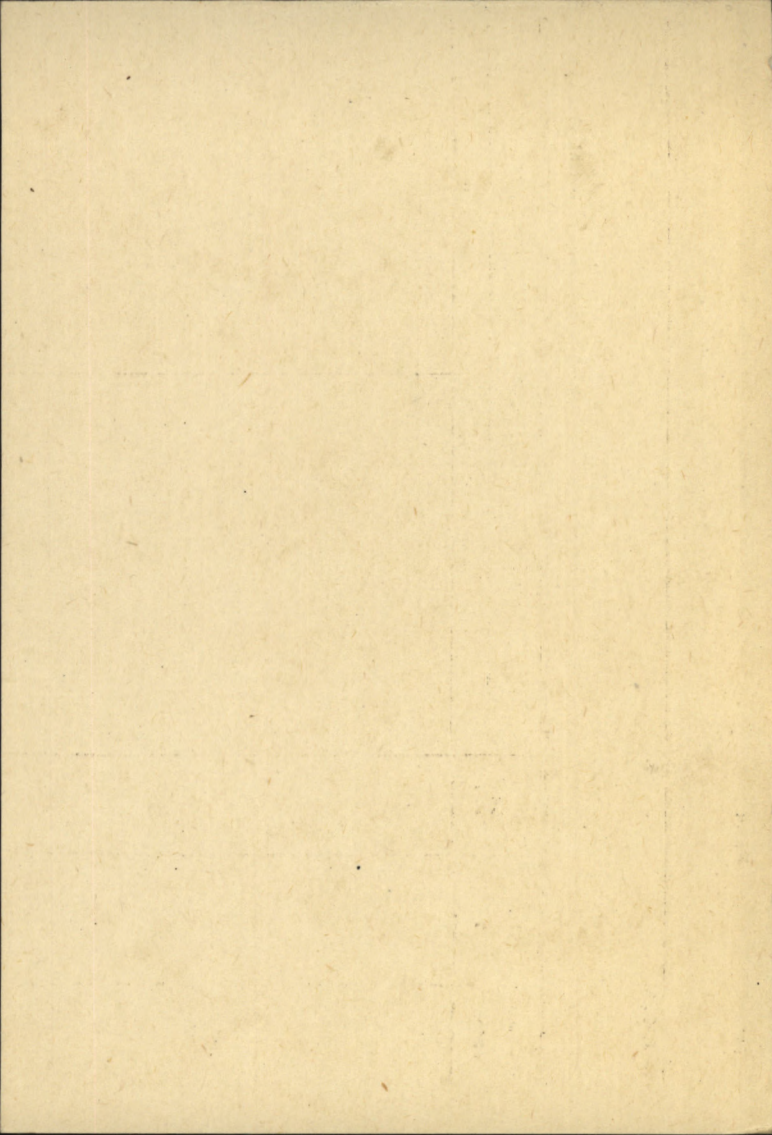
UNIT

Royal Can. Horse Art. Depot - Kingston (C Bty)

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 July. 23	1916 Aug. 31	—	Proc. Overseas. (9 <sup>th</sup> Draft)	D.O. 46721-9-16.
Sept. 1	Sept. 21	—	From Overseas.	Sept. Pay list.















Name **Mihls Ernest Nelson** Rank **Sub** Reg. No. **349224**  
 Unit **2nd Bde. C. F. A**  
 Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918	2nd W. G. F. Manchester	N.S.				
19-1	W. G. F. Manchester	N.S.	Injury	6149		11077
26-1	C. C. His Woodville	Pk	Amputation	6153		11325
8-3	Discharged	left	leg	6190		3657







REGT'L No 349224

H. Q. FILE NO. 649-

NAME Mills E. W.

RANK AND CORPS Sig. Res Bde C. I.

FOLLOWS

NO.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE



LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
359 <sup>2</sup>	stone Folkestone Isol., Folke	4-1-17	Measles.
366	Disch.	19-1-17	Measles.
a 532	13. Stat., St. Pol.	11-4-17	Rubella
Q 535	#12 " " "	19-4-17.	Rubella.
B 149	2 <sup>nd</sup> West. Gen. Manchester	19-1-18	adm. whilst of. fr. France <sup>not stated</sup>
B 153	64 Mil. Conv. Wote Pk. Epsom	26-1-18	Tuberculosis Lt. Leg.
B 190-2	" " Disch.	8-3-18	" " " "



Surname  
Mills.

Christian Name or Names  
E.N.

Reg. No.  
349224.

Rank Unit Co. Troop Batty.  
Gnr. 2nd. C.F.Art.

Hospital Date of Admission

Transferred 12. Stat. St Pol. Hosp. 11-4-17.

2 W. Gen. Manchester Hosp. 19-1-18

Mil. Band Woodcote Pk. Hosp. 26-1-18

Hosp.

Diagnosis Rubella;

(1) Later Diagnosis (if changed)

(2) N.S. "Q" Furunculosis. Lt. Legle

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

C.L. 23-4-17. A/532.

26-4-17 A/535

24-1-18 B/149 Adm. Whilst on leave from France

27-1-18 B/53.3

13.3.18. B190-II

Dis 19.4.17  
Dis 8, 3, 18

Date

REMARKS

A.M.D. 2 Dept

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



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



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

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

500M.—9-16

H. Q. 1772-39-9'0.

# Casualty Form—Active Service.

Unit, Regiment or Corps

*C. Battery R. C. H. A.*

Regimental No

*349224*

Rank

*Sig*

Name

*Mills Ernest Nelson*

C. E. F.

Enlisted (a)

Terms of Service (a)

Service reckons from (a)

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				
<i>15-4-19</i>	<i>O. S.</i>	<i>S.O.S. 6 D.D. Posted to Dist. Sla B</i>	<i>Self</i>	<i>21-4-19</i>	<i>20.0. 114</i>
<i>29-4-19</i>	<i>-</i>	<i>S.O.S. on discharge</i>	<i>-</i>	<i>-</i>	<i>114</i>

*Chesley* Lieut.  
Officer 1/6 Records No. 6 D.D.

(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, Shocing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]







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. 1772-39-920.

Unit, Regiment or Corps 9<sup>th</sup> Bn "C" Battery, R.C.H.A.

Regimental No. 349224 Rank Gunner Name Ernest Nelson Mills *Ernest Nelson*

Enlisted (a) 28.4.16 Terms of Service (a) War & 6 months Service reckons from (a) 28.4.16

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) Salesman Signaller

W.S.P. Class "A"

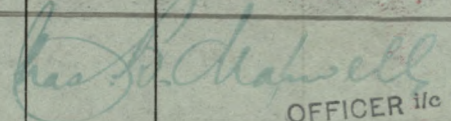
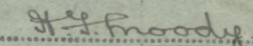
War Service Badge Class "A" No. ....

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
23.9.16			Canada	23.9.16	E. 1. Gill treat. O.C. No 9 Draft. R.C.H.A.
6.10.16		Disembarked to Shorncliffe	England	6.10.16	E. 1. Gill treat. O.C. No 9 Draft. R.C.H.A.
8.10.16	Strength Res. Bde C.I.A. B.O.	#255 P.I.	Shorncliffe	8.10.16	sent trans to P.I.A. Pt 200255
26/2/17	oc. Reg Bde	1st D.A.C. France	Shorncliffe	26/2/17	Pt II 57
27-2-17.	C.B.D.	Arrived as reinforcement is attached to 1st D.A.C.	Field.	27-2-17	N.R. Pt. 11 O.No. 51 &/2-3-17.
28-2-17	do	Left for Unit.	do	28-2-17	N.R.
17-3-17	Unit.	Arrived at Unit.	do	11-3-17	B. 213
18-3-17	A.H.2.	Posted to 2nd Brigade.	do	27-2-17	9-36 Pt. 11. 70 24-3-17
"	"	Taken on 2nd Bde BTA	do	27.2.17	9-36 Ptd 46d 24.3.17
11.4.17	12 Stab.	German Measles adm	12 Stab	11.4.17	W 3034

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



Killed in Action - Report Form B. 213

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				
14.4.17	Unit	to hospital	Not stated	10.4.17	B213 DCS 438 d 23-4-17
15.4.17	26 Amb	Measles 10.4.17 to 12	Stat Hosp	11.4.17	A36 DCS 439 d 5-5-17
19.4.17	12 Stat	German Measles	to duty	19.4.17	W3034
28.4.17	Unit	from hospital	Field	22.4.17	B213 DCS 440 d 7.5.17
9.9.17	Unit	Proceeded 1st Army Rest Camp		25.5.17	" " 493 "
22.9.17	Unit	Rejoined from 1st Army Rest Camp		9.9.17	B213
5.1.18	"	Granted 14 days leave		5.1.18	B213 P11 Ord 5
21.1.18	Records London	Admitted to hospital whilst on leave in England & posted to Canadian Artillery Reg Dep. Witley		19.1.18	R 2-2-303 over R2-2/118. Ref File KT 17-729. P11 Ord 10 ✓
					 LIEUT. OFFICER in CHARGE RECORDS CANADIAN SECTION G.H.Q. 3rd ECHELON
25.1.18	CARD	Yos. on posting from 2nd Bde. (adm to Spel whilst on leave from France)	Witley	19.1.18	P25 25 ✓ <span style="float: right;">① 14.3.18</span>
23-3-18	OB Res ack B.F.A	T.O.S. from B. & R.D.	Witley		 LIEUT. FOR LT: COL: I/O RECORDS, C.O.M.F. 23-3-18, B.I.N. II P2. ✓



J.P.

Rank

Name

MILLS, Ernest Nelson ✓

Reg'l No.

R-122  
349224. ✓

Unit 9th Dft. C. Bty. R.C.H.A. If in perm. Corps, }  
What Unit? }

Married or Single Single. ✓

Place and Date of Enlistment Kingston. Ont. 28th July. 1916. ✓ Place of Birth Montreal. ✓

Name and Address, Next-of-Kin James Mills. ✓

2350 Drolet ST. Montreal. P.Q. Canada. ✓

Relationship Father ✓

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—7165-16.

Stamp: N.E. B. R. No. 349224  
File No. 17213  
Category  
Handwritten signature: *Ernest Mills*

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.				
		Arrived in England S-S- LAPLAND		6.10.16	
8-10-16	O/C. R, Bde	Taken on Strength	S. Cliffe	6.10.16	Pt, O. 255 ✓
6-1-17	" "	Adm Moore Bks Hoop	" "	5-1-17	" - 6 + B.L. 359. Measles.
20-1-17.	" "	Dis. F. Stone San.	" "	19-1-17	" - 20 + C.L. 366 "
26. 2. 17	" "	S.O.S. to 1 <sup>st</sup> DA. C.	" "	26-2-17	" - 27 + Phy
2. 3. 17	% Isaac JOS from Res C.F.A.	(attached)	Traxue	27.2.17	" - 51 + also P. 50 46
24. 3. 17	" "	Cases to be attch <sup>d</sup> & posted to 2 <sup>nd</sup> Art. Bty.	" "	27. 3. 17	" - 70 + 24-3-17. (Res C.F.A)
23-4-17.	2 <sup>nd</sup> Bde C.F.A.	Adm No 12. Stat Hoop.	St. Pol.	11-4-17.	C.L.A. 532. Rubella.
26. 4. 17	" "	Discharged " "	" "	19. 4. 17	e. h. A 535
25-1. 18	card	JOS on posting from 2nd Bde C.F.A. (Adm. to Hoop when 106 on leave from France)	Whitley	19-1-18	P.O. 25 + P. 50. 10 9. 31. 1. 18 of 2 <sup>nd</sup> Bde

Stamp: A.F. 13 RECEIVED



349224 Millson

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.				
24.3.18	CARD	S.O.S. on posting to R. Bde C.F.A.	Im Willey	8.3.18	PE-12085 <sup>4 Nos. Bde C.F.A</sup> <sup>PE 082</sup> <sup>423.3.18</sup>
23.5.18	Res Bde C.F.A	SOS to Comp. Bde <sup>art</sup>	Sig	"	23.5.18 PE II-1437 Comp Bde C.F.A. PE II-1 <sup>23/18</sup>
10.7.18	"	TOS on pending from Comp. Bde.	"	"	9.7.18 PE II-1914 Comp Bde PE-49 <sup>19/18</sup>
10.7.18	"	SOS on proc. o/seas.	"	"	9.7.18 PE II-1915 arty pool <sup>19/18</sup> <sup>PE 09417 1/8</sup>
14-8-18	Can arty pool	S.O.S. on Posting to 2 Bde C.F.A.	Field.	sig	23-7-18 <sup>PE II DO-105 of 2 Bde C.F.A. PE II DO-80 D. 15-8-18.</sup>
21-9-19	2nd Bde Q. King	Proceeda to England	"	"	18-3-19 - 21
28-3-19.	B.B.B.	YOS pending R.G.B. Bshott.	"	"	19-3-19 - 12.
		To Canada	Hq B-46	4-4-19	
15-4-19	" " " " "	SOS on Proc. to Can.	B. Shott.	" " "	— 18



# CANADIAN EXPEDITIONARY FORCE

War Service Badge

Class "A" No. 147448

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 349224 (Rank) SIG.  
 Name (in full) MILLS ERNEST NELSON enlisted in  
 the "C" BATTERY R.C.H.A.  
 CANADIAN EXPEDITIONARY FORCE at KINGSTON ONT. on the 28<sup>TH</sup>  
 day of JULY 1916

HE served in 6<sup>TH</sup> BATTERY C.F.A. FRANCE.

and is now discharged from the service by reason of Demobilization.  
Medical Unfitness.

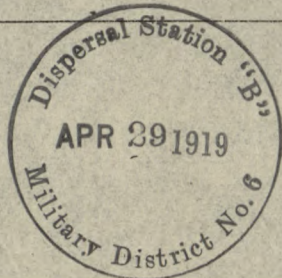
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age <u>22 YEARS</u> Height <u>5' 7"</u> Complexion <u>MEDIUM</u> Eyes <u>BROWN</u> Hair <u>BROWN</u>	Marks or Scars <u>NIL</u>
--	---------------------------

E. J. Mills  
 Signature of Soldier

W. J. G. G. G. Major  
 O. C. Dispersal Station "B"  
 Issuing Officer

Date of Discharge



Rank

APR 21 1919

Date ..... 19.....

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



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

issued in

Remobilization  
Medical Fitness

THE DESCRIPTION OF THIS BORDER ON THE DATE BELOW IS AS FOLLOWS:--

Rank or Grade

Issuing Officer

Rank

19



These instructions of this certificate will be valid only when the same is forwarded to forward it in an  
attached envelope to the Secretary, British Council, Ottawa, Canada

1918  
No. 1000  
1000



# ORIGINAL ORIGINAL MEDICAL HISTORY SHEET.

Surname Mills Christian Name Ernest Nelson

Examined { on 28 day of July 1916  
 at Kingston  
 Birthplace { City or Town Montreal  
 County Que

Approved by H.A. Boyle  
 Rank Capt M.O.

Apparent age 19 years 2 mo  
 Trade or occupation Salesman  
 Height 5 Feet 7 Inches.  
 Weight 165 Lbs.  
 Chest measurement { Minimum 34 inches.  
 Maximum expansion 4 inches.  
 Physical development Good  
 Small-Pox Marks nil

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<b>25 JAN 1918</b>
<u>4/2/16</u>	<u>A</u>	<u>G. G. Klauz</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left ✓  
 Number 2  
 When Vaccinated last 3 years ago  
 (a) Marks indicating congenital peculiarities or previous disease ✓

Date	Result	VACCINATIONS
<u>27/8/16</u>		<u>W. H. Hicks</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection ✓

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/9/16</u>		<u>H. A. Boyle</u> M.O.
<u>10/8/16</u>		<u>H. A. Boyle</u> M.O.
<u>17/8/16</u>		<u>H. A. Boyle</u> M.O.
<u>22/2/18</u>	<u>Tab</u>	<u>ayob</u>

Enlisted on 28 day of July 1916 at Kingston

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>REVA</u>	<u>849224</u>		<u>28.7.16.</u>
Transferred to.. ..	<u>Res Bde C.F.A</u>		<u>Good</u>	<u>8.10.16.</u>
	<u>14 Da. b. France</u>			<u>9-7-18</u>
	<u>C7A ops</u>			

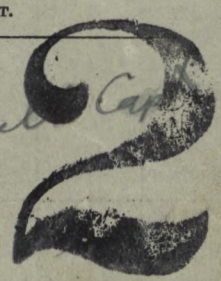
### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott</u>	<u>26-3-19.</u>	<u>Defective vision</u>	<u>A</u> <u>cu. M. O. Cap</u>

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

CANADIAN

28.1.18





Surname

Christian Name

Ernest

Wilson

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				
Moore Barracks, Col. Shorncliffe.	7.287	4	1	17	19	1	17	Measles (Scabies)	16	No complications 20 duty 19.1.17	W.C. Givens CAPT. C.A.M.C. REGISTRAR.
		<del>6</del>	<del>12</del>	<del>17</del>	<del>18</del>	<del>1</del>	<del>18</del>	<del>Scabies</del>	<del>44</del>	<del>Trans to M.C.H. Woodcote Pk.</del>	
		14	1	18	25	1	18	Boils Gley.	4	Trans to M.C.H. Woodcote Pk.	
		25	1	18	8	3	18	Boils	43	Boils all healed Chest Clear no evidence of disability A 90% recovery	Capt. Givens FOR OFFICER COMMANDING, 2nd WESTERN GENERAL HOSPITAL CAPT. R.A.M.C. (T.F.F.)

2nd WESTERN GENERAL HOSPITAL, MANCHESTER.

CAPT. R.A.M.C. (T.F.F.)  
FOR OFFICER COMMANDING,  
2nd WESTERN GENERAL HOSPITAL

Capt. G.A.M.  
No. 1 D.



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

Canadian Printing and Stationery Services, London

### DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) MILLS F. M.  
 REGIMENT 6th Battery, C.F.A. RANK Signaller No. 349224  
 Date of Examination in England 21/3/19 Date of Examination in France \_\_\_\_\_

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

2-B



### PRESENT DENTAL REQUIREMENTS

1. FILLINGS 27
2. EXTRACTIONS \_\_\_\_\_
3. CROWNS \_\_\_\_\_
4. DENTURES
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower \_\_\_\_\_



HAS HE EVER REFUSED DENTAL TREATMENT? \_\_\_\_\_

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

- (a) In Canada \_\_\_\_\_
- (b) In England ys
- (c) In France \_\_\_\_\_

BRAMSHOTT CAMP  
HANTS.

Signature of Dental Officer R. H. Agie  
cap



Mitts  
H. H. H. H. H.  
H. H. H. H. H.

2-2



H. H.

1000



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..... #9 Draft "C" Battery, R.C.H.A.

(2) Regimental Number..... 349224

(3) Full Name of Soldier..... Ernest Nelson Mills

(4) Place of Birth..... Montreal, Que.

(5) Are you married, or not?..... Single

(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?.....

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

Also their names and ages.....

2



(9) Is your Father alive? Yes

If so, state name and address James Mills, 2350 Drolet St., Montreal, Que

(10) Is your Mother alive? ~~yes~~ no

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

(11) If your Mother is a widow..... no

Are you her sole support, or not?.....

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

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

James Mills, 2350 Drolet St., Montreal, Que

(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.

Date 19-9-16

*R.C.H.A.*  
Lieut. R.C.H.A.  
Officer Commanding



MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

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

To Whom James Mills By Whom Assigned Mills J. N.  
 Address 2350 Drolet St Regtl. No. 349224  
Montreal Que Rank Pr  
 Rate 20.<sup>00</sup> SEP 1916 Corps 6 Batty R.C.I.A.

## 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				





1000  
1000  
1000



## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

James Mills  
(Assignee)

Name of Soldier

Mills J. N.

PAYMENTS.

Ar # 349224 L. Batty R. C. Co.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
			20. <sup>00</sup>	SEP 1916
April	1916			
May				
June				
July				
Aug.				
Sept.		M 19254	20	
Oct.		P 24344	20	
Nov.		O 27340	20	
Dec.		R 30326	20	
Jan.	1917	L 40942	20	
Feb.		L 46626	20	
March		E 51669	20	20 B.
April		Z 3293	20	20.8
May		Z 10065	20	20 Bw
June		M 16370	20	S
July		L 15979	20	Bw
Aug.		N 30964	20	R.
Sept.		N 37662	20	Lo
Oct.		L 44347	20	
Nov.		N 50925	20	
Dec.		M 61404	20	320 M
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 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.				



\* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND OR CANADA	SEPARATION ALLOWANCE	ENGLAND OR CANADA	NAME: <i>MILLS Ernest Nelson</i>
EFFECTIVE DATE: <i>1-9-16</i>		EFFECTIVE DATE: <i>1-16-18</i>		NUMBER: <i>349224</i>
AMOUNT: <i>20.00</i>		AMOUNT: <i>15.00</i>		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY
<i>James Mills 2350 Wrolet St Montreal P. Q.</i>				DATE EFFECTIVE
FATHER				RANK OR APPOINTMENT
				<i>Gm.</i>
UNIT AND TRANSFERS				
ORIGINAL UNIT: <i>9th Dep 6th Bty R.C.H.A.</i>				
DATE ACCOUNT FIRST OPENED: <i>1-10-16</i>				
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T'S F O	UNIT TRANSFERRED TO
				<i>C.R.A.</i>
<i>80</i>		<i>22-7-18</i>	<i>20-9-18</i>	<i>2 C.F.A.</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>10/3</i>	<i>5508</i>	<i>2 Bde</i>	<i>466</i>				
<i>23/3</i>	<i>7379</i>	<i>B. B. B.</i>	<i>5840</i>				

*Dr. D. Bal # 1344*

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>

PARTICULARS OF RENDERING NON-EFFECTIVE: *Diact. Canada 2/13/19 NR 5232 B. B. B. 25/7/19 B. B. B. M. J. 2*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>3/3-18</i>	<i>Bal. Fwd.</i>								<i>5808</i>		
<i>Apr.</i>	<i>G.P.</i>	<i>33-</i>		<i>Cal.</i>				<i>20-</i>			
				<i>AR 74 C.R.A. 8-4-18</i>	<i>2 43</i>						
				<i>" 478 " 23-4-18</i>	<i>2 43</i>				<i>4994</i>		
		<i>33-</i>			<i>486</i>			<i>20-</i>			
<i>May</i>	<i>G.P.</i>	<i>34/10</i>		<i>Cal.</i>				<i>20-</i>			
				<i>AR 1039 C.R.A. 11/5</i>	<i>2 43</i>						
				<i>" 1178 " 23/5</i>	<i>2 43</i>				<i>4070</i>		
		<i>34/10</i>			<i>486</i>			<i>20-</i>			
<i>June</i>	<i>G.P.</i>	<i>33-</i>		<i>Cal.</i>				<i>15-</i>			
				<i>AR 1776 C.R.A. 11/6</i>	<i>2 43</i>						
				<i>" 2239 " 25/6</i>	<i>2 43</i>				<i>2756</i>		<i>7</i>
		<i>33-</i>			<i>486</i>			<i>15-</i>			
<i>July</i>	<i>G.P.</i>	<i>34/10</i>		<i>Cal.</i>				<i>15-</i>			
				<i>AR 2444 C.R.A. 9/7</i>	<i>2 43</i>						
				<i>" 384 " 27/7</i>	<i>3 57</i>				<i>1446</i>		
		<i>34/10</i>			<i>600</i>			<i>15</i>			
<i>Aug</i>	<i>"</i>	<i>34/10</i>		<i>Cal.</i>				<i>15-</i>			
				<i>AR 428 2 C.F.A. 2/8</i>	<i>3 57</i>						
				<i>" 481 2 C.F.A. 24/8</i>	<i>3 57</i>				<i>250</i>		
		<i>34/10</i>			<i>714</i>			<i>15</i>			
<i>sep</i>	<i>James P.</i>	<i>33-</i>		<i>618 2 C.F.A. 18.9</i>	<i>3 57</i>						
				<i>540 " 11.9</i>	<i>3 57</i>						
				<i>at.</i>				<i>15</i>	<i>836</i>		
		<i>33-</i>			<i>714</i>			<i>15</i>			
<i>Oct</i>	<i>"</i>	<i>34/10</i>		<i>at.</i>				<i>15</i>	<i>2746</i>		
				<i>724 " 11/10</i>	<i>3 73</i>						
				<i>826 " 24/10</i>	<i>3 73</i>				<i>20-</i>		
		<i>34/10</i>			<i>746</i>			<i>15</i>			



NUMBER

349224

RANK

Gm

NAME

MILLS - E.N.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov	Ad W	33		AT					20		
				938 2/11 2Bd	373			15	38		
				1010 14/11	373						
Dec		3410		AT				15			
				1110 4/12	1679						
Jan		3410		AT				15	51.95		
		101.20			24.25			45			
Feb				1268 4/1	377				116.85		
				1358 24/1	373						
				6447 24/1	1947						
				1482 8/2	373						
				1575 14/2	280						
Mar		6490		AT				30			
				1656 7/3	373				49.62		
				5508 10/3	466						
				7379 23/3	5840				13.44		
		6490			100.29			30			
				AR 384 7/4 Alling End	4.87				18.31		
					4.87						

SOS to Canada S.R. 49, 14/4/19 C.F.A. M.D.B.















CERTIFICATE OF SERVICE

CAN. INF. DIVISION

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

10/7/18 Res Bde C 4th  
10/7/18 Res Bde C 4th

Proceeded to C 4th  
102 from Camp Bde C 4th

Witley  
Witley

9.7.18  
9.7.18

BORRILL 191  
BORRILL 191

*A. E. Selwyn*  
LIEUT. & ABST. ADJUTANT  
RESERVE BRIGADE, CANADIAN FIELD ARTILLERY

10-7-18 B G B D  
12-7-18 do  
14-7-18 CERC  
2-6-18 F. F. G.  
do do  
27-7-18 2nd Saer Co. H

Arrived at T. O. S. base  
Left for CERC  
Arrived at CERC  
Proceeded to 2nd Bde C 4th  
T. O. S. do do do  
Joined unit

Pool  
Field  
"  
do  
do  
do

10-7-18  
13-7-18  
14-7-18  
23-7-18  
do  
do

NR. 703. P. 2094 5/17/18  
NR. 1304  
" 1094  
K.R. 30612. K.T. 7.42-1.41/18. P. 0105 14/18  
do do do P. 0.50  
B 213.

C. P. O.  
B. Hurre.

PROCEEDED TO ENGLAND

18..... 1919

N. R.

OLYMPIC  
SOUTHAMPTON

1874

*H. P. Sully*  
CAPT.  
ADJUTANT H. N. T.

14/4/19  
Par. & Order 2018  
Awarding C.C.

*G. J. Skelton*  
Lieutenant  
for Lieut. Col. A. H. G.

*W. G. Guthrie*  
Capt



M.B. 108.

CANADIAN CORPS CAMP, BRAMSHOTT?

Date 25/3 .1919.

2

To:- Officer Commanding 6. Bat. C.F.A.

The following is a special EYE report on the undermentioned. Your M.O's attention should be called to it, and the case should now be paraded with this report in triplicate, the Medical History Sheet and the Casualty Form to the [redacted] Board as there [redacted] a disability of the eye. LONG IS

Name Mills E. W. Number 349224 Rank P. S. N. B.  
 Unit 6. Bat. C.F.A. Former Occupation Subman  
 Original Disease or Injury Myopia R. & L.  
 Date of Origin [redacted] Place of Origin [redacted]  
 Cause congenital  
 Present disability defective vision R & L.  
 Present Condition:-  
 Vision Rt.:- 6/8 Lt.:- 6/8 With glasses Rt.:- 6/6 Lt.:- 6/6  
 Category recommended A  
 History of present condition first noticed poor vision England 1916  
 Did the disabling condition have origin before enlistment? no  
 If so, has it been aggravated by service? no  
 Has the disability been caused or aggravated by Intemperance or improper conduct or by unreasonable refusal to accept treatment? no  
 What is the probable duration (in months) of the disability? permanent  
 Can the former trade or occupation be resumed? yes

Fundi:- divergent squint.

J. M. P. Esq. Capt  
Major, C.A.M.C.  
Officer i/c. Eye & Ear Dept.,  
Medical Boards, C.C.C., Bramshott.

Date 25/3/19



1868  
No. 10

Received of  
the Treasurer  
of the  
Board of  
Education  
the sum of  
\$100.00  
for  
rent of  
school  
house  
No. 10  
for  
the  
year  
1868

Witness my  
hand and  
seal  
this  
10th  
day  
of  
April  
1868

John  
D. [Signature]



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

(2)

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Braunschott DATE March 26<sup>th</sup> 1919

1. 1 (a) Unit 6<sup>th</sup> Bn C.F.A (b) Regimental No. 349224 (c) Rank Quartermaster  
 (d) Surname Mills (e) Christian name Ernest Nelson  
 (f) Home address 2350 Drolet St Montreal Que Canada  
 (g) Next of Kin James Mills (h) Relationship Father  
 (i) Address of Next of Kin 2350 Drolet St Montreal Que Can.  
 2. Age last birthday 21 years Date of birth May 7<sup>th</sup> 1897  
 3. Enlistment, or Appointment (if an Officer) (a) Place Kingston Ont. Can. (b) Date 28/7/16  
 4. Personal description:  
 (a) Height 5ft 7 (b) Weight 165 lbs (c) Complexion Medium  
(stripped)  
 (d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. None  
 5. Former trade or occupation Salesman

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years <u>2</u>	Days <u>241</u>
---	-------------------	--------------------

	PERIODS	
	From	To
Canada	<u>28/7/16</u>	<u>23/9/16</u>
England	<u>21-1-18-10-7-18</u>	<u>23/9/16</u>
France or other theatres of War	<u>10-7-18 present</u>	<u>26/2/17</u>

7. Original disease, or injury Myopia R & L  
 (a) Date of origin Childhood (b) Place of origin Montreal, Que  
 (c) Cause Congenital



8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Defective Vision (Myopic R. Eye)

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Specialist's Report

Brawshott 25/3/19

Myopic R. Eye.

Defective vision R. Eye

Vision R. Eye 6/18 } with glasses } 6/6  
L. Eye 6/18 } } 6/6

First noticed poor vision England 1916

Permanent

Divergent Squint

Category A

(sgd) J.H. McRae Capt Army

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... NO Cardio-Vascular System..... NO Genito-Urinary System..... NO  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)  
Special Senses..... NO Respiratory System..... NO Integumentary System..... NO  
Disturbances of Mentality..... NO Digestive System..... NO Muscular System..... NO  
Osseous and Joint Systems..... NO Any other general condition..... NO

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

Did not know he has any trouble with his vision until 1916, but had noticed that after doing much reading eyes became tired, saw water & pain across the brow. He has never worn glasses.



10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

*German Measles - Curd  
M.H.S. Hospital from 4/1/1915 to 19/1/17 for Measles (German) & Scarlatina  
Hospital from 19/1/18 to 8/3/18 for Boils (no disability)*

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

*None*

11.—(a) Did the disabling condition have its origin before enlistment? *yes*

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

*no*

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *(a) no (b) no*

The regimental documents will be referred to.

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

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

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

*attended Wrotheliff Hospital as an out patient in*

*Nov. 1916*

*Special Report (attached)*

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

(If the answer is "yes" state nature of treatment required and probable duration)

*no*

16. Can the former trade or occupation be resumed? *yes*

(If not, briefly state why)

*none*

17. Recommendations

*J. R. Le Rouze Capt R.A.M.C.*  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned *E. J. Mills* have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

*none*

*E. J. Mills* *Capt* Rank.  
Signature of invalid examined.



OPINION OF THE MEDICAL BOARD

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

yes

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

- (Category A) (Yes or No.)
- " B (Yes or No.)
- " C (Yes or No.)
- " D (Yes or No.)
- " E (Yes or No.)

yes. "Cat A"

20. It is certified that the invalid

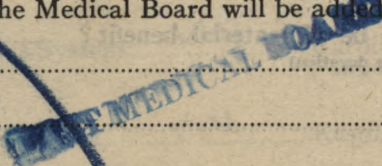
(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~  
(Strike out condition not applicable.)

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

R.T.C. Authority A.G. 9083 / 11-11-18.

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



PLACE Bramhall

L.A. Richmond Major President.

DATE 21-3-19.

W. Mills Capt. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

..... President

PLACE..... Members

DATE.....

APPROVED BY James F. Sheehan Assistant Director of Medical Services.

APPROVED BY Director-General of Medical Services.

DATE 26. 3. 19.

DATE.....



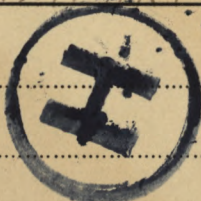
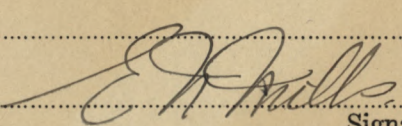
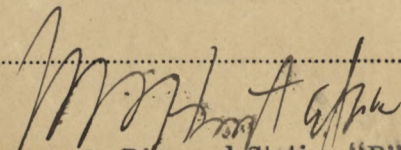
Occupational Group No. 3

Dispersal area "B" 6

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

War Service Badge  
Class "A" No. 147448

56

1. No. <u>349224</u>	
2. Rank. <u>SIG</u>	
3. Name. <u>MILLS ERNEST NELSON</u>	
4. Unit. <u>6TH BATTERY C.F.A.</u>	
5. Date of Discharge	Place
<u>29/4/19</u>	<u>HALIFAX, N.S.</u>
6. Reason for Discharge <u>DEMOB.</u>	
	
7. Authority. <u>R.O. 1420</u>	
8. Proposed Residence after Discharge <u>MONTREAL QUE.</u>	
<u>2350 Durol St</u>	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate	
M. F. W.?	
	
Signature of Soldier.	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place	
Date	<u>HALIFAX, N.S. APR 21 1919</u>
	
Signature <u>O. C. Dispersal Station "B"</u> Major	
(O. C. Discharging Unit.)	



PROCEEDINGS ON DISCHARGE

Discharge

1	Name of Soldier	WALTER W. HILL
2	Rank	Private
3	Company	1st Battalion
4	Regiment	1st Infantry
5	Date of Discharge	1919
6	Reason for Discharge	Demobilized
7	Authority	
8	Proposed Residence after Discharge	
9	CERTIFICATE TO BE SIGNED BY SOLDIER	I hereby acknowledge that at the underlined place and date I received my discharge Certificate M. P. W. I.
10	CONFIRMATION	The discharge of the above named man is hereby confirmed. Place Date WALTER W. HILL 1st Battalion 1st Infantry 1919 Adjutant General's Office (U. S. Discharging Unit)





LIST OF DISCHARGE DOCUMENTS

Medical Form W. 22	Attestation Paper, Discharge
Medical Form W. 133	or Extension of Service
Medical Form W. 134 or A.R. 134	Final Discharge Sheet
Medical Form W. 135 or A.R. 135	Casualty Form
Medical Form W. 136	Last Pay Certificate
	Certificate that military documents are being retained
Medical Form W. 137 or A.R. 137	Medical History Sheet
M.P. A. 138 or A.R. 138	Proceedings of Medical Board
Medical Form W. 139	Dental History Sheet
Medical Form W. 140	Medical Report
Medical Form W. 141	Experimental Contact Sheet
Medical Form W. 142	Company Contact Sheet



The discharge documents are being retained by the  
 National Archives and Records Administration  
 8600 Adelphi Road  
 Adelphi, Maryland 21011  
 For more information, contact the National Archives  
 at 1-800-826-4000.

[Handwritten signature and text, including a date and possibly a name, located in the bottom right corner of the page.]



**LIST OF DISCHARGE DOCUMENTS.**

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) enclosed in special envelope (260M).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Personal Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64)
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... **B**

Checked by No..... **[Signature]**

Date..... **10 APR 1919**



Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

M 16801

Date of Assignment

1 June 1918  
Sept 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20	15%		
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1-6-18

PARTICULARS OF SEPARATION ALLOWANCE

No. 349224  
 Rank *Ser.* Promoted Reverted Discharge  
 Soldier's Name *E. N. Mills*  
 Battalion *"O" Bty. P.C. N.9.*  
 Beneficiary  
 Relationship  
 Address

PARTICULARS OF ASSIGNMENT

Name *James Mills*  
 Address *235 Drott St. Montreal, Que.*  
 Change of Address  
 1  
 2  
 3  
 4

*729 M. 18  
Camp*

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31			320	320	
Jan 1918	W 67599		20	20	
Feb	S 73539		20	20	✓
Mar	O 95490		20	20	✓
April	M 10683		20	20	✓
May	R 14585		20	20	✓
June	L 26733		15	15	✓
July	H 28317		15	15	✓
Aug	P 37539		15	15	✓
Sept	S 48899		15	15	✓
Oct	X 53165		15	15	✓
Nov	T 59607		15	15	✓
Dec	Y 67159		15	15	✓
Jan	U 69731		15	15	✓
Feb	W 74245		15	15	✓
Mar	R 91860		15	15	✓
April	P 1780		15	15	✓
			<u>585</u>		
			30-4-19		
			<i>Oleg...</i>		
			28/4/9		
			<i>Ellis</i>		

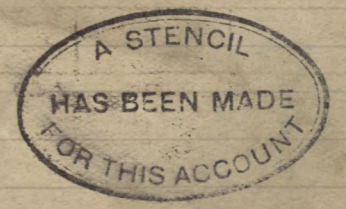
012863-E-4

Assignment reduced from 20% to 15% effective 1-6-18 M. 15/18

M. F. W. 128  
400M-617-1772-89-1141  
L. L. 22320-M. & D. 7883.

M. 2. #6

APR 29 1918  
Wesley # 87153









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

Olympic 21.4.19  
REGT. No. 349224 RANK Lt

NAME (IN FULL) Mills E.M.  
IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

M. OR S.   
 NEXT OF KIN   
 ADDRESS   
 IS SEPARATION ALLOWANCE PAID?   
 TO WHOM PAID   
 ADDRESS   
 RELATIONSHIP   
 DATE EFFECTIVE   
 RELATIONSHIP   
 ANY CHANGE IN ASSIGNEE OR ADDRESS   
 ORIGINAL UNIT C.E.F.   
 PLACE OF ATTESTATION   
 DATE OF ATTESTATION   
 ASSIGNED PAY \$   
 PAYABLE TO   
 ADDRESS   
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE   
 DISCHARGED   
 PLACE   
 DATE   
 REASON   
 AUTHORITY   
 IF ENTITLED TO POST DISCHARGE PAY

*Part. 1*  
*15-4-19*  
*15-00*  
*1.5.19*  
*J. Mills*  
*2350 Doolah St.*  
*Montreal P.Q.*  
*Halifax*  
*APR 29 1919*  
*Demob*  
*No. 114*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	NO. OF DAYS	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS		
		RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT			
31.3.19				38 00																
29.4.19	24	1.10	31 90	70 00	136 90				4 87	5 00	93 72	15 00		4 87		136 90			Debit Bal. Cash acc'd ad. U.S.S. 841.2. Star on total bal 3 bal on Dis. & P.N.C. for apr. ad. 18.5.1919.	
				W.S.G. S.A.																
	153			350 -	350 -															WAR SERVICE GRATUITY. W.S.G. S.A.
																				Sal
										70 00										1st Payment on W.S.G.
										70 -										24.5.19 #591231
										70 -										21-6-19 # 603299
										70 -										21/7/19 # 889606
										70 -										22/8/19 # 1125241
				350	350					350										Completed 350

All payments made in full  
H.A. Ollman



