

Description of Samuel Miller on Enlistment.

Apparent Age 24 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. 4 1/2 ins.

Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion 2 ins.

Complexion Dark

Eyes Blue

Hair Black

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

Tattoo mark on left forearm

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 Jan 8th 1915.

Place Winnipeg

W. Gardner Capt
 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.

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

[Signature] Lieut. Colonel (Signature of Officer)

COMD'G. 43rd. BATT., C. E. F.

Date Jan 8th 1915

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

MILLS SMAUEL

A 20424

43 BN

23413

DIED OF WOUNDS 17-8-15





NAME

Mills, Samuel

H. Q. FILE No. 649-

REG'T'L. No. A. 20424 ✓

RANK AND CORPS

Pte. 16th (Form: 43rd Batt:)

CABLE

NO.

DATE

NATURE OF CASUALTY

M. 753

24-8-15

Died of Wounds. August 17th 1915

NO. 1292

X FOLL.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
134(2)	No. 2. Gas. Cl. Stn.	17-8-15.	Died of wounds.

SURNAME.

Mills.

CARD NO.

D

CHRISTIAN NAMES

Arnold.

FOLL.

REGL. No.

420424

RANK

Pte.

UNIT

~~*43rd*~~ *16th*

Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Tomlinson Mrs. W.C.

RELATIONSHIP TO SOLDIER

(Sister)

ADDRESS

303-6th Ave. Lachine. P. Q.

COUNTRY OF BIRTH

Ireland. Cookstown.

DATE

PLACE OF ATTESTATION

Winnipeg

DATE

Jan. 8/15.

Sailed from Montreal

Per S.S. Grampian 1/6/15.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

com

Number. 420424 Rank. : Pte.

Surname. M. L. S.

Christian Name. Samuel

Units 16th Bn Can Inf. Theatre of War. France.

Date of Service. 17-7-15 *D.*

Remarks. *Sister.*

Latest Address *Mrs. W. E. Tomlinson*

32 Mackay Ave

Cell No. *B. Page 5621*

B
X

Y. 42951 - fish

SEP 28 1924

A.A.Q.

Mills, S., Pte. ^{*amuel*} #20424 16th Bn. 649-M-1584

Eligible for 14-15 Star, Pte 16th Bn

Medals & Decorations. (Sister) Mrs. W. E. Tomlinson,
32 MacKay Ave.,
Toronto, Ont.

Plaque & Scroll. (Sister) Address see above.

See # 795906
Memorial
Cross.

(Nil)

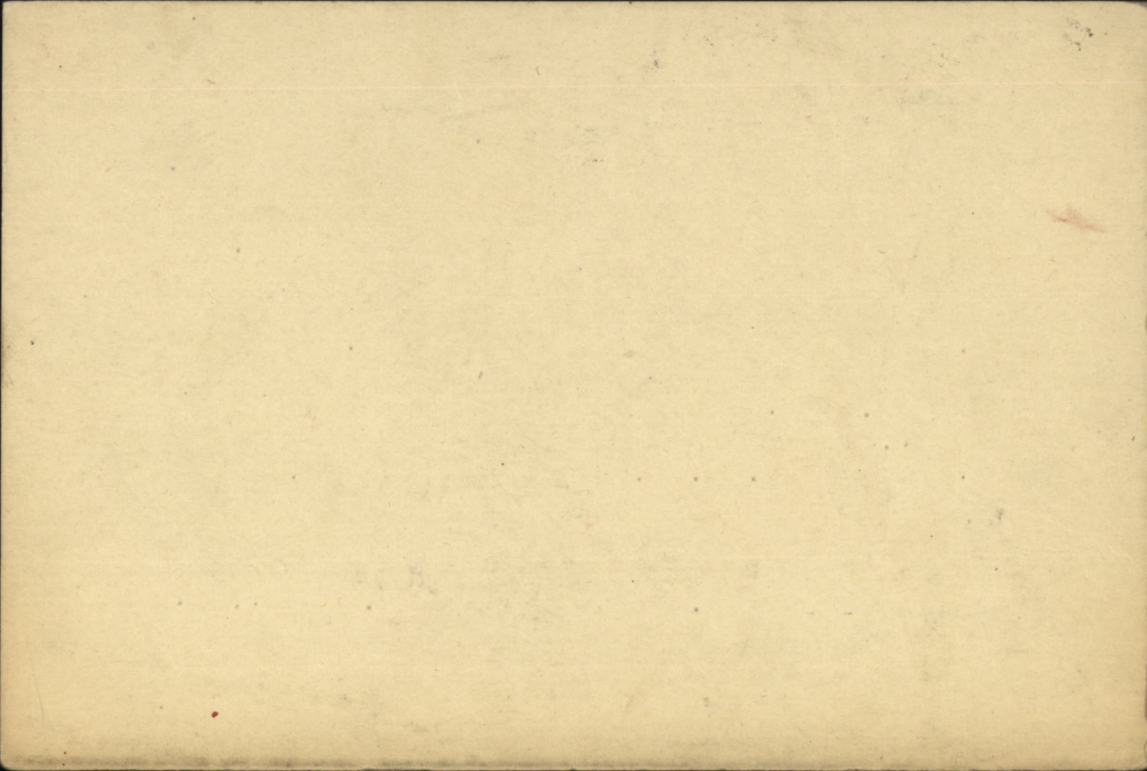
APR 1 1921

Scroll Desp. _____ Reqn. No. 2-32777

Plaque Desp. _____ Reqn. No. 24930

DEC 29 1921

JAS-U



Name MILLS. S.

Rank Pte.

Reg. No. A20424.

Unit 16th Battn.

Next of Kin Canada.

25-M-535

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1915.						
17-8.	No.2. Casualty Clearing Stn.		Died of Wounds.	134"		

Surname

Christian Name or Names

Reg. No.

Mills, S.

a20424

Rank

Unit

Co.

Troop

Batty.

Pvt. 16th Batts

Hospital

Date of Admission

#2 Cas. Cl. Sta.

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) *wounded.*
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses, if more than one state present

DISPOSITION

Date

REMARKS

O.L. 23 8 15 134.

*Died of wounds.
17. 8. 18.*

*A.M.D. 2 DEPT.
Ech. of D.G.M.S. O.M.F.C. London*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

11 8 88

Rank *Plt* Name *MILLS Samuel* Reg'l No. *A 20424* P-56
 Unit *16th Bn* If in perm. Corps, What Unit? Married or Single *Single.*
 Place and Date of Enlistment *Winnipeg, Man. 8th Jan. 1915* Place of Birth *Cookstown, Ireland*
 Name and Address, Next-of-Kin *Lizzie Mills, 95, 5th Ave, Lachine, Montreal, P.Q.*
 Relationship *Sister.*

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place *17/8/15* Reason *Died of wounds* Character

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>July 1</i>	<i>July 31</i>	<i>31</i>	<i>1⁻</i>	<i>31</i>	<i>31</i>	<i>.10</i>	<i>310</i>	<i>113</i>	<i>3523</i>			<i>15</i>			<i>15</i>	<i>2023</i>	<i>1¹³ Cr from June</i>
				<i>Adjustment of Exchange</i>					<i>40</i>							<i>2063</i>	
<i>Aug 1</i>	<i>Aug 17</i>	<i>17</i>	<i>1⁰⁰</i>	<i>17</i>	<i>17</i>	<i>.10</i>	<i>170</i>		<i>1840</i>			<i>274</i>			<i>274</i>	<i>3659</i>	<i>Died of Wounds</i>
									<i>3983</i>					<i>3659</i>	<i>3659</i>		<i>17th August 1915</i>

Bal Trans to Can. for Payt.

Advances Branch
 Report *Nil*

PA
 PAY OFFICE, A. E. BRANCH
 OCT 11 1915
 CANADIAN CONTINGENTS
A 3

Statement of
 OCT 19 1915
 Account rendered

ORIGINAL MEDICAL HISTORY OF

Surname Mills

Christian Name Samuel No case

Examined { on 8 day of Janry 1915
at Wheg.

Approved by R. J. Swan
R. J. Swan

Birthplace { City or Town Bookstown
County Ireland

(Rank) Capt.
Medical Officer.

Apparent age 24 1/2

Trade or occupation Labourer

Height 5 Feet 4 1/2 Inches.

Examined for re-engagement
day of _____ 190...

Weight _____ Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 2 inches.

* Considered _____

Physical Development _____

Small-Pox Marks _____

(Signature) _____
Medical Officer.

Vaccination Marks. { Arm Right _____ Left _____
Number _____

* If unfit, state disability.

When Vaccinated last 1/12/15

(a) Marks indicating congenital peculiarities or previous disease: Tattoo mark left forearm

Re-vaccinated on 10th day of July 1915.

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

Arm Left Number One.

Result Good.

(Signature) R. J. Swan
Medical Officer.

Enlisted on 8 day of January 1915, at Wheg

	CORPS.	REGTL. NUMBER.	HABITS.	DATE.
Joined on enlistment.	<u>43rd Battrn</u> <u>C.E.F.</u>	<u>A 20424</u>		
Transferred to.....	<u>16th Batt.</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.

Entries in Red Ink made from Attestation Sheets.

AUG 13 1915

R. M. Shaw
for D. D. M. S.

16th. Battalion.

Extract from Casualty Sheet No. 143. dated August 24th. 1915. Sheet II

Burial Report.

Reported by O.C. No.2 C.C. Station.

17-8-15. A2042~~6~~ Pte. Mills, S.

Buried at Civil Cemetery
Bailleul.

Number & Date of Report:

C 1842 C.F. 31. 23/8/15.

Verified:

24/8/15.

Examined *AB*

16th. Battalion.

OAS

Handwritten notes and scribbles, including a date that appears to be 10/1/12.

Faint handwritten text, possibly including the words "MAY" and "1912".

RECEIVED

18-0-12. 180430. 170. 11112. 2. 181201 of STAFF COMPANY

180430. 170. 11112. 2. 181201

181201

181201 of STAFF COMPANY

181201

23356.

R-122.

77

Rank _____ Name **MILLS Samuel** Reg'l No. **A 20424**

Unit **43rd BN.** If in perm. Corps, }
What Unit? } Married or Single **Single.**

Place and Date of Enlistment **Winnipeg. Man. 8th Jan. 1915** Place of Birth **Cookstown. Ireland**

Name and Address, Next-of-Kin **Lizzie Mills, 95, 5th Ave, Lachine, Montreal. P.Q.**



Relationship **Sister.**

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

N/E. R.B. No. **5**

File R.L. _____

Category **D. W.**

15

Discharge, Date and Place _____ Reason _____ Character _____

*Left Can. June 1915
unit in Eng. 43rd BN
20 9 20
JA*

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				
		Embarked			
31/7/15	O.C. 16 th Bn.	Taken on str. 16 th Bn.	France	17/7/15	Part II C. # 21.
23/8/15	N.O.	Died of wounds.		17/8/15	A.F.B. 103.
		@ #2 Gas Bleeding Station		17/8/15	on. Gas Unit 134 (2) PART II ORDERS # 24.
17/8/15	O.C. C.C.S.	Buried @ Civil Cemetery		17/8/15	Burial report.
	Burial M.	" " "		11-8-15	Graves & Committee B561 Rev 49.



Casualty Form—Active Service.

CERTIFIED CORRECT. 169
Canadian Record Office
Westminster House,
7, Millbank, S.W.

Regiment or Corps 43rd BATTN. C.I.F.

Regimental No. 1720424 Rank Pte Name Mills Samuel

Enlisted (a) 8.1.15 Terms of Service (a) _____ Service reckons from (a) _____

Date of promotion to } _____ Date of appointment } _____ Numerical position on } _____
present rank } to lance rank } 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				
31/7	Pte 2 Orders	Taken on Strength	16 th Bn	17/7	No 21 31/7
17/8	No 2 CCS	Died of Wounds GSW Chest.		17/8	A 36 17/8. Pte 024 1/23/15

W. J. Daniels
CAPT.
OFFICER i/o RECORDS
CANADIAN SECTION G. H. Q.

(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.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 33, 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				