246th. BATTALION C. E. F. (RESERVE)

ORIGINAL

ATTESTATION PAPER.

No. 1060149
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Miller
1a. What are your Christian names? — Murray
1b. What is your present address? — Shubenacadie N.S.
2. In what Town, Township or Parish, and in what Country were you born? — Stewiacke N.S.
3. What is the name of your next-of kin? — ~~Grace Bay P.O. C.B.~~ Samuel Miller
4. What is the address of your next-of-kin? — Grace Bay P.O. C.B.
4a. What is the relationship of your next-of-kin? — Father.
5. What is the date of your birth? — Oct 2nd 1881
6. What is your Trade or Calling? — Harness Maker.
7. Are you married? — no
8. Are you willing to be vaccinated or re-vaccinated and inoculated? — yes
9. Do you now belong to the Active Militia? — no
10. Have you ever served in any Military Force? — no
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? — yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? — yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Murray Miller (Signature of Recruit)

Date Oct 12th 1916 J. P. Klab Esq (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Murray Miller (Signature of Recruit)

Date Oct 12th 1916 J. P. Klab Esq (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 Halifax N.S. this 12 day of Oct 1916.

(Signature of Justice)

A Justice of the peace in and for the City & County of Halifax N.S.

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of Murray Miller on Enlistment.

Apparent Age 25 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 10 3/4 ins.

Chest measurement.
- Girth when fully expanded ..... 36 1/2 ins.
- Range of expansion ..... 2 1/2 ins.

Complexion Dark

Eyes Dark Blue

Hair Brown

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

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

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

Weight 149 lbs.

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 Oct 12 1916 D. R. Wark

Place Halifax NS Capt. A.M.C.
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.

Murray 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 of Officer)
A. H. Parsons Lieut. Col.
Comd'g 246th. Reserve B'n. C. E. F.
[N. S. Highlanders.]

Date Nov 15 1916.

a.s. 4-2-19

REGIMENTAL DOCUMENTS

NAME Pte MILLER, Murray G REGT. NO. 1060149 UNIT 85th Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		M			Category
	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.F.B. 263 or A.F.B. 120)					
1	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)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)	—	Dental Services	10/6/20	Misc-519 22960	Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
	MEDICAL EXAMINATION (M.F.W. 129)					
2	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCFEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Misc					
1	Surgical					

H

408465

W 2589
100M-11-18
1772-39-1377

Hnl

Number. 1060149 Rank. Pte

Surname. MILLER

Christian Name. Murray

Units 85th Bn. CAN. INF. Theatre of War. France

Date of Service. 28-3-18

Remarks. 181 Young Truro N.S.

Latest Address. ~~Shubenacadie~~ ~~Hants Co.~~ ~~N.S.~~

Roll No. B. Page 5 6 30.

No. Rank Name

T. O. S. Unit

M. D.

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

OCT 12 1920

"B" 6 CARD NO. X

SOS Dis 8-6-19 Demob
DO 16809 FOLL 17-6-19
#6515

SURNAME. Miller

CHRISTIAN NAMES Murray

REGL. No. 1060149 RANK Pte

UNIT 246th. (1st R.D.)

FORMER CORPS nil.

Bn.

NEXT OF KIN.

NAMES IN FULL Miller, Samuel

RELATIONSHIP TO SOLDIER Father

ADDRESS Glace Bay P.O., C.B., N.S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Stewiacke N.S. DATE Oct. 2nd. 1881

PLACE OF ATTESTATION Halifax, N.S. DATE Oct. 12th. 1916

R/C 8-6-19 344/57 Pte

L. L. 10137. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-333.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Harness Maker RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 25 YEARS MONTHS

HEIGHT 5 FEET 10 3/4 INCHES

CHEST MEASUREMENT 36 1/2 INCHES EXPANSION 2 1/2 INCHES

COMPLEXION Dark EYES Lt. Blue HAIR Brown

DISTINGUISHING MARKS None.

MEDICAL EXAMINATION. PLACE Halifax N.S. DATE Oct. 12th 1916

Present address, Shubenacadie, Hants Co. N.S.

No. 1060149 RANK Pte. NAME Miller M.

T.O.S. 12-10-16 UNIT 246th Battalion
Do. 69-3-11-16

M.D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Oct. 12	Nov. 30	✓		
Dec.		✓		
1917	1917			
Jan.		✓		
Feb.		✓		
Mar. 1	Mar. 24	✓	S.O.S. Pte. O/S. 24-3-17	Do. 74-26-3-17

To be made out in duplicate. ORIGINAL H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 246th Reserve Battalion, C.E.F., N.S. Highlanders,

(2) Regimental Number 1060149,

(3) Full Name of Soldier Murray Miller,

(4) Place of Birth Stewiacke, N.S.

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

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

(b) Present Postal Address xxxxxxx

(7) Are you a widower ? ——

(8) Have you any children ? ——

If so, give number of boys and girls ——

Also their names and ages ——

12

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? yes Samuel Kennedy Miller,

If so, state name and address Glace Bay, N.S.

(10) Is your Mother alive? yes Maude Miller,

If so, state name and address Shubenacadie, N.S.

(11) If your Mother is a widow ------

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

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

---

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

---

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

------

(15) Are you insured? Yes

If so, in what Company? Metropolitan Life

Have you made arrangements for payment of your Insurance premium yes

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

Date 8/2/17

A. H. Parsons Lieut-Col.
Officer Commanding.
Comd'g 246th. Reserve B'n. C. E. F.
[N. S. Highlanders.]

COPY

CADC 5009A. CANADIAN ARMY DENTAL CORPS, C.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION.

Directions to Dental Officers.

1. This form will be made out for each individual at the time of demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to partial dentures, the numbers of teeth thereon will be stated.

NAME OF SOLDIER **MILLER M.G.**

REGIMENT **85th Batt** RANK **Pte** No. **1060149**

Date of examination in England **6.5.19**
Date of examination in France.

C H A R T

Present Dental Requirements.

1. Fillings **3.12.**

2. Extractions **18.**

3. Crowns

4. Dentures
   (a) Full Upper
   (b) Part Upper
   (c) Full Lower
   (d) Part Lower **17.18.19.20.29-32.**

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 **Yes**
   (b) In England **Yes**
   (c) In France.

Signature of Dental Officer. **C.Crosby. Capt.**

CANADIAN ARMY DENTAL CORPS—C.E.F.

REPORT FOR WEEK ENDING ..... 191.....
(Showing work for each day in week.)

From (Name of Operator).....

Attached to.....

Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root filling	Pulp Cap	Devitalization	Dentures. U	Dentures. L	Dentures. P	Repairs	Prophylaxis	Extracting	Anæsthetic	Examined	Previously treated	Not previously treated	Completed	Incompleted	Number of operations	Remarks
.....																					
.....																					
.....																					
.....																					
.....																					
.....																					
.....																					
.....																					
.....																					
TOTAL																					

SUMMARY

Number of Patients Treated.....

" " " Completed.....

" " " Incompleted .....

" " Dentures.....

" " Operations.....

.....C.A.D.C.

NOTE SPECIAL CASES ON BACK OF FORM.

M. F. W. 50
20M - 12-16.
1772-39-916.

ORIGINAL

1060149

MEDICAL HISTORY SHEET

Surname Miller Christian Name Murray

Examined on 12 day of Oct 1916 at Halifax

Birthplace City or Town Stewiack County Colchester N.S.

Apparent age 25

Trade or occupation Harness maker

Height 5 feet 10 3/4 Inches

Weight 149 lbs.

Chest measurement Minimum 34 inches Maximum expansion 2½ inches

Physical development Good

Small-pox Marks None

Vaccination Marks Arm Right Left Number none

When Vaccinated last Never

(a) Marks indicating congential peculiarities or previous disease None

LAB 7/9/17 Jam

(b) Slight defects but not sufficient to cause rejection

Nil

LAB 25-3-18 ACW.

Approved by D.R. Wark

Rank Capt. A.M.C. M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
5/12/16	Good	ACW	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
5/12/16	Good		M.O.
15/12/16	Good		M.O.
21/12/16	Good	T.A.B ACW	M.O.

Enlisted on 12th day of October 1916 at Halifax N.S.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	246th Battn C.E.F.	1060149		12/10/16
Transferred to	17th Res Bn			7-4-17
	185th Bn			1 JUN 1917
	17th Res Bn			24 FEB 1918
	85th Bn			28 MAR 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Bramshott	26-5-19	Catarrhal deafness. Cat A - Eligible for Class Rt.	

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Mullen Christian Name Maurice

STATION	Date of Arrival at the Station	DATES OF Admission into Hospital Day	Month	Year	Discharge from Hospital Day	Month	Year	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

M.B.108(a) Canadian Corps Camp Bramshott

TO:- Officer Commanding.....

The following is a special EAR 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 LONG/SHORT Board as there is/is not a disability of the EAR.

NAME. MILLER. M. NUMBER. 106149 RANK. Pte. UNIT. 85 BATT.

Former Occupation HARNESS MAKER.
Original disease or injury Calculus Deafness.

Date of origin 1909. Place of origin Canada

Present disability Impaired Hearing.

History of present condition. Gradual Onset of Deafness. over 10 years worse in trouble time there summer. Eyes.
Did the disabling condition have origin before enlistment. Eyes.
If so, has it been aggravated by Service. NO
Has the disability been caused or aggravated by Intemperance or Improper conduct or unreasonablre refusal to accept treatment. NO.
What is the probable duration (in months) of the disability Permanent.
Can the former trade or occupation be resumed Eyes.

Nose

Ear 20/20 + — N Clear —
H:- Voice 6ft Watch; Weber: Rinnie: Schwabach: Meatus: Drumhead:
15/20 — N Clear Retracted

Category recommended A.
Date 26/5/19.

Warriss Lee Capt C.A.M.C.
Officer i/c Eye & Ear Dept
Medical Boards CMC Bramshott.

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

M. F. W. 54. (A. F. B. 103.)
350m.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 246th Reserve Battalion

Regimental No. 1066149 Rank C6. Name Miller Murray

Enlisted (a) 12/10/16 Terms of Service (a) C. E. F. Duration of War Service reckons from (a) 12/10/16

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) .. (Harness Maker)

W.S.D. CLASS. A.

Report Date	Report 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
		Embarked Canada	Halifax	25/3/17 ✓	
		Debarked England	Liverpool	7/4/17	Metagama Aucks.
		Entered Segregation Camp and transfd to 17th Res Bn	Bramshott	7/4/17	Geo. R. Collins Capt Adjt. for OC Segregation Camp
20-4-17.	O.C.17th Res.	Taken on strength and on command to Segregation Camp. ✓	Bramshott.	7-4-17	Part 12 Order 93.
20-4-17.	O.C.17th	Returned off command.	Bramshott.	20-4-17.	Part 11 Order 93.
1-6-17	O.C.17th Res	Trans to 185th Batt ✓	Bramshott	1-6-17	Part 11 Order 130
2-6-17	OC 185th Bn	Taken on the strength 185th Bn ✓	Witley	1-6-17	Part II ord. 152

SLIGHTLY WOUNDED IN ACTION 31/7/17 MAY/JUNE 1917 CANADIAN CASUALTY LIST

Lieut., Asst. Adjt.,
17th Canadian Res. Batt.

J. Macdonald Major & Adjt
185th Canadian Infantry Bn.
(Cape Breton Highlanders)

(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. 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				
24/2/18	OC 185th Bn	S.O.S. on transfer to 17th Res Bn Bramshott ✓	Witley	23-2-18	Can II Ord 15

A. MacDonald Lieut. for Adjt
185TH CANADIAN INFANTRY BATTALION
(Cape Breton Highlanders.)

CERTIFIED CORRECT.
7 JUN. 1918
CAN. RECORDS, LONDON.

Res.
8-3-18. O.C. 17th. T.O.S. from 185 th.Bn. Bramshott. 24-2-18. Pt.11.Order.50.

OC 17th Res

PROCEEDED OVERSEAS FOR SERVICE WITH 85 BATTN. ✓ do 28 MAR 1918 Pt. II O. 75.

M. McKay
Lieut., Asst. Adjt.
17th Canadian Res. Batt.

3-8-18	OC 85 Bn	To 104 L.A.R. Louise. C.C.R.C.	Field	28-7-18	B 213.
17-8-18	Do	Rejoined from Louise	"	14-8-18	"

Army Form B. 103. Replacing Original Temporary Regimental Number 1060149.

Casualty Form—Active Service.

Regiment or Corps 16th 24th Bn.

Rank Pte Surname MILLER Christian Name Murray.

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) 12/10/16 Terms of Service (a) D.S.W. Service reckons from (a) 12/10/16.

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

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) .....

or Corps Trade and Rate .....

Occupation ..... Signature of Officer.

W.S.R. CLASS A.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
		Embarked ...			
		Disembarked...	England.	4-4-17	A. Melagama
20-4-17	14th Res	T.O.S. from 24th Bn	B'Scott	4-4-17	P.T. 93.
1-6-17	"	S.O.S. to 185th Bn.	"	1-6-17	— 130. 185th Bn
24-2-18	185th Bn.	S.O.S. to 14th Res	"	23-2-18	— 15
28-2-18	14th Res	T.O.S. from 185th Bn	"	23-2-18	— 50
29-3-18	00	S.O.S. to 65th Bn	"	28-3-18	— 75 W.
					H.S. Moody LIEUT:
					FOR LT: COL: O/C RECORDS, C.O. M.F.
29-3/18	C.I.B.D.	T.O.S. 5TH BN ON ARRIVAL	FRANCE	29-3/18	N.R. 602 DO 32.
"	C.I.B.D.	S.O.S. TO C.C.R.C.	FIELD	3/4-18	N.R. 1121.
3/4-18	C.C.R.C.	T.O.S.	"	3/4-18	N.R. D.552.
14-4-18	C.C.R.C.	S.O.S. TO UNIT in exchange	"	14-4-18	N.R. D.467.
20/4/18	UNIT	JOINED UNIT		14-4-18	

CERTIFIED CORRECT. 22 MAY 1918 CAN. RECORDS LONDON.

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

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				
12-10-18	O.C. 85th Bn.	Special Gen Course at Corps School		8/10/18	B213.
23/11/18	do	Rejoined Dy Course	Field	17-11-18	"
		Proceeded to England.		29 AVR 19	
				J. G. Carson Capt for Lt-Col. A. A. G. Canadian Section G. H. Q. 3rd Echelon B. E. F.	
31-5-19		S.O.S. O.M.F.C. PROCEEDED TO CANADA		F.A.R. 1422 J. J. Macleod Lt Adjutant, 85th C.I. Bn., B.E.F.	
	31/5/19	O/S.			
	15 6 19	S. O.S. on Discharge			Disp Sta D. Hqrs. D.O 168 168

C.A.D.C. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) miller M.G.

REGIMENT 85th Batt. RANK pte. No. 1068149

Date of Examination in England 6/5/19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

12 B.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 3, 12,
2. EXTRACTIONS 18,
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower 17, 18, 19, 20, 29 — 32

ASSISTANT DIRECTOR OF M. S. NO. 6 DENTAL SERVICES JUN 9 1919

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 yes
- (b) In England yes.
- (c) In France

BRAMSHOTT CAMP HANTS.

Signature of Dental Officer R. C. Crosby Capt

CANADIAN EXPEDITIONARY FORCE

[redacted] Badge

DISCHARGE CERTIFICATE

Class "A" No. 254739

THIS IS TO CERTIFY that No. 1060149 (Rank) Pte

Name (in full) Miller Murray G. enlisted in

the 246th Bn.

CANADIAN EXPEDITIONARY FORCE at Halifax on the 12th.

day of October 1916

HE served in 85th Bn. in 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 28

Height 5 ft. 10 3/4 in.

Complexion Dark

Eyes Blue

Hair Brown

Marks or Scars

Signature of Soldier.

M G Miller

Date of Discharge

Dispersal Station "B" JUN 15 1919 Military District No. 6

M M Smith Major

O.C. Dispersal Station "B"

Issuing Officer.

Rank

Date JUN 9 1919 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.

M.F.B. 39A.

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.

Form R 122.
2353—100M—9-1-16

J.P. Rank | Name MILLER, Murray | Reg'l No. 1060149.

Unit Dft 246th Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Halifax. 12th Oct.1916. | Place of Birth Stewiack.

Name and Address, Next-of-Kin Samuel Miller.

Glace Bay. P.O. ..C.B. | Relationship Father.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

N/E. R.B. No. 10972
File No. OR. CAN
Category

Discharge, Date and Place | Reason | Character

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	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.
		ARRIVED IN ENGLAND 7 4 17 S.S. METAGAMA			
20.4.17	17th Res Bn	T.O.S. from 246th Bn	Bkhott	7.4.17	Pte 93.
1.6.17	"	S.O.S. to 185th Bn. Witley	"	1.6.17	" 130 x 185th Pte DO 152 d/2.6.17
24.2.18	185 Bn.	S.O.S. to 17 Res.	"	Pte 23.2.18	" 15 17 Res. Pte DO 50 d/28.2.18
29.3.18	17th Res	SOS to 85th Bn. Osca	"	28.3.18	75 x 32 d/3.4.18. 85th Bn.
2-5-19	85 Bn 1st wing	Proc. to England	Ste Havre	pte 29.4.19	32
30-4-19.	C.C.	T.O.S. from 85th Bn.	Bkhott	" 30-4-19	DO #17
		Sailing 78-B-40 d/31.5.19			
10-6-19	-"-	S.O.S. to Canada	-"-	" 31-5-19	23

A.F.B. 103 CHECKED 21 MAY 19

1060149 Miller Jr.

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.				

L-L.Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom Mrs. Maud Miller

Address Shubenacadie N.S.

Rate 15.00

APR 1917

By Whom Assigned Miller Murray

Regtl. No. 1060149

Rank Pte

Corps 246 Bn

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				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2 Mrs Maud Miller (Assignee)

Name of Soldier Miller Murray

No 1060149 Pte 246 Bn

L. L. Job 5470—Req. 6888.

15-00

APR 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		Z 4995	15	
May		Y 10784	15-	
June		X 6395	15-	D
July		Y 23734	15	B.
Aug.		A 33619 ~~A 33619~~	15	33619 Lance A Bl
Sept.		M 39663	15-	D
Oct.		L 44039	15	
Nov.		N 50619	15	
Dec.		M 61116	15	135
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Nova Scotia

NAME AND ADDRESS OF NEXT OF KIN: Samuel Miller
Glace Bay. C.B.
Father

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 1060149 RANK Private NAME Miller W.

IF IN PERMT. CORPS WHAT UNIT — UNIT 246th — TRANSFERRED TO 17th — DATE April 7 — AUTHORITY

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO 185th Bn. — DATE 2/6/17 — AUTHORITY 20130 1.6.17

PLACE OF ATTESTATION Halifax N.S. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION Oct 12. 1916. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 — DATE EFFECTIVE 1/4/17

PAYABLE TO Mrs Maud Miller Shubenacadie N.S. — RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

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

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C.A.

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														16 40	16 40	Balance from Canada														16 40				
mar 25 to apr 7	14	1.00	14 00		14	10	1 40								15 40															31 80				
			1 40																															
8-30	23		25	30											25 30												15		15	42 10				
May	31		34	10											34 10	76	23/4						4 87				15		44 20	32 -				
																113	30/4						24 33										
																198	24 5						4 87										
																1464	10 5						14 60										
June	20		22												22 -	229	30 5						4 86				15		39 33	14 67				2nd/185th Bn 20130 6/6/17
June 21/30	11	1.00/10	11	-											11 -												—	—	08 53	25 67				
															124 20																			
July	31		34	10											34 10												15		15 -	44 77				
Aug	31		34	10											34 10	259	24/4/17						7 30				15		22 30	56 57				
																346	30/7	388	14/8				4 87	9 73										
Sept/30	30		33	00											33 00	299	7/7	426	27/8				9 73	4 87			15	36	43 56	45 01				2nd 005/3094 21/8/17
			209	00										16 40	225 40								75 43	14 60			90 00	36	180 39					

#106114 Pte Miller M. A.P. 3 15.00

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SER. ALLCE. ENG.	MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SER. ALLCE. ENG.											
Oct	Balance Forward	#45 01							45 01																									
	Ptes Pay	34 10		Can A.P.				15 00																										
				AR 470 185 Batt 10.9.17	9 74				54 37																										
		34 10		Can A.P.	9 74			15 00																										
Nov	Ptes Pay	33 00		Can A.P.				15 00																										
	" " Dec	34 10		AR 551 185 Batt 15.10.17	9 73																													
				AR 592 " " 29.10.17	7 30																													
				AR 511 " " 24.9.17	4 87																													
				AR 631 " " 12.11.17	9 73																													
				24005 #2681 13.9.17	73																													
				Can. A.P. Dec.				15 00	59 11																									
1918		67 10			32 36			30 00																									
Jan	Pte Pay	34 10		do				15																										
				2.4005 #81 4.10.17	50																													
				AR 670 185 Bn 26.11.17	12 17																													
				" 701 " 5.12.17	7 30																													
				" 749 " 18.12.17	14 60																													
		34 10			34 57			15	43 64																									
Feb	Pte Pay	30 80		Can. A.P.				15																										
				AR 790 185 Bn 10.1.18	9 73																													
				" 831 " " 28.1.18	7 30																													
				" 869 " " 12.2.18	9 73				3268																									
Mar	Pte Pay	30 80			26 76			15																										
		34 10		Can A.P.				15																										
				A.R. 1436-17 Res 28.2.18	9 73																													
				D.N. A.R. 1644 " " 18.3.18	24 33				1772																									
		34 10			34 06			15																										

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	April 1st 1917.	EFFECTIVE DATE:-	
AMOUNT:-	$15=	AMOUNT:-	

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

Mrs Maud Miller (Mother)
Shubenacadie N.S.
Sig Clerk 1/6/19

NAME:- MILLER. M
NUMBER:- 1060149

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 246th Bn
DATE ACCOUNT FIRST OPENED:- Mar 25 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			185TH BATTN CAN
85 Batt 32. 3/4/18	1/4/18	31/3/18	85 Batt

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
2/5/19	26977	Sch Lo.	~~40 67~~				
				Stock Cert E8619 10/5/19		Brantford Trust Co	

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1-	10		
	Lab 1/6		01	
	Lab 1/6		34	
	Lab 1/2			

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar.	Balance Forward.								17 72		
Apr	Pay	33		Cap				15			
				AK 7v 7/4/18 4 Hy Corps.	4 46						
				✓ 188 16/4/18 ✓ -	3 57						
				✓ 1vv. 27/4/18 85 Bn.	4 46				23 23		
		33			12 19			15			
May	" "	34 10		Cap				15			
				AK. 161 8/5 ✓✓	3 57						
				✓ 219 18/5 ✓✓	4 46				34 30		
		34 10			8 03			15			
June	" "	33		Cap				15			
				AK 288 3/6 ✓✓	3 57						
				✓ 348 19/6 ✓✓	4 46				44 27		
		33			8 03			15			
JUL	" "	34 10		Cap				15			
				✓ 410 2/7 ✓✓	3 57						
				✓ 473 15/7 ✓✓	4 46						
				✓ 498 -/7 ✓✓	8 92				46 42		
		34 10			16 95			15			
Aug	" "	34 10		Cap				15			
				AK 589 16/8 85 Bn	3 57				61 95		
		34 0			3 57			15	46 80		
Sept.	" "	33		Cap				15			
				657 ✓ 8/9	3 57				72 81		
				737 ✓ 17/9	3 57				72 81		a/c agreed
		33			7 14			15			

NUMBER 1060149 RANK NAME MILLER M.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									72 84		
Oct	BB	34 10		CAB				15	34 70 / 106 91		
				AR 809 5/10 12 C 1 B	3 73				26 19		
				✓ 3366 13/10 C C S	3 73						
				✓ 3895 27/10 N S R	3 73				80 72		
		34 10		CAB	11 19			15	101 20		
Nov & Dec	✓	67 10		AR 4447 10/11 C C S	9 33			15	181 92		
				✓ 1034 20/11 12 C 1 B	13 06				74 85		
				✓ 3982 3/12 ✓	22 39 / 3 73						
				✓ 1237 14/12 ✓	26 12 / 3 73			15			
Jan	✓	34 10						15	107 07		
		10 20		✓ 1323 1/1/19 ✓	29 83 / 3 73			43	171 97		
Feb	✓	20 80		✓ 2430 13/1 ✓	18 66			15	143 06		
				✓ 1646 4/2 ✓	22 39 / 3 73						
Mch	✓	34 40		✓ 1779 15/2 —	26 12 / 3 73			15			
				✓ C 393 1/3 ✓	82 93						
				✓ 1870 1/3 ✓	5 48				23 91		
		64 90			113 06			30			
Apl		35		CAB	—			15			
May		34 10		CAB				15	61 01		
		69 10		~~2nd 6/5 Pawng~~	~~486 48~~			30	61 01		
				2nd 6/5 Pawng	486 / 48 6				12 34		
									12 34		

1st Lieut 3/2/19

M 78 88 Lw

War Service Badge Class "A" No. 254779

Da. B

Occupational Group No. 14

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 1060149

2 Rank. Pte

3. Name. Miller Murray G.

4. Unit. 85th Bn.

5 Date of Discharge JUN 15 1919 Place Halifax.B.

6 Reason for Discharge Demobilization.

7. Authority. R.O. 1420

8. Proposed Residence after Discharge Shubenacadie. E. Pants Boy. N.S.

SLD-1VPL MAY 31/19
ARR HFX JUNE 7
H M T ADRIATIC

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.?

Jas G. Miller
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place HALIFAX, N.S. JUN 9 1919

Date

Signature
Major
(O. C. Discharging Unit.)

O. C. Dispersal

M.F.B. 218a—300M.-11-18—1772-39-113.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

CERTIFICATE TO BE SIGNED BY SOLDIER.

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

Signature of Soldier.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Signature

(O. C. Discharging Unit.)

LIST OF DISCHARGE DOCUMENTS.

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

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

Group.....

Checked by No. 1.....

Date 30 MAY 1919

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 6

NAME OF SOLDIER Miller, M.G. 85-14

REGIMENT [illegible] RANK [illegible] No. 106.1.49

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report, record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge from the Service.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS
Condition on first Examination			1 Amalgam upper 2 cuts	1 Temporary Filling (Cleat)	Extraction 1 tooth	1 Devitalization	1 Root filling	1 Comp. amalgam filling	2 clasps on upper partial		2 clasps on lower partial	2	1	1	2	4			G13 Richmond Sydney		1 Box 184			Cavities Extractions

2 ov
8 ov
50
1 ov
2 ov
3 ov
17 ov

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

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 Bramshott DATE May 4th 19.

1. 1 (a) Unit 85th Bn. (b) Regimental No. 1060149 (c) Rank Pte

(d) Surname Miller (e) Christian name Murray

(f) Home address Shubenacadie Nova Scotia

(g) Next of Kin Mrs. SK Miller (h) Relationship Mother

(i) Address of Next of Kin Shubenacadie N. S

2. Age last birthday 27 Date of birth Oct 10/91

3. Enlistment, or Appointment (if an Officer) (a) Place Halifax (b) Date ~~22/5/16~~ 12/10/16

4. Personal description:

(a) Height 6' (b) Weight 165 (stripped) (c) Complexion dark

(d) Colour of hair black (e) Colour of eyes Hazel (f) Identification marks, Scars, etc. Slight deformity right little finger

5. Former trade or occupation Ladder

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	Days
	2 yrs.	207 days

	Periods	
	From	To
Canada	12-10-16	25-3-17
England	25-3-17	28-7-18
France or other theatres of War	21-8-18	29-4-19

7. Original disease, or injury Pulmonic Adenopathy Left

(a) Date of origin 1909 (b) Place of origin Canada

(c) Cause Inspection

M. F. B. 227.

400M.—11-18.
1772-30-117.

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 hearing Left

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.)

Spec. Report 20/6/19 -

Ear 20/20 + − V Clear
R. voice watch Weber Rinne Schwabach Membrane drum
20/20 N Clear retracted
Lt. 20

General condition good

(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 (If pulse rate is abnormal, B. P. will be taken.) No Genito-Urinary System (Albumen and Sugar will be excluded.) No

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

Deformity of Right little finger — from infection when a child — no disability

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

Has been troubled with defective hearing since 1909

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*).)

Nil

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

deformity Index right finger

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.)

Spec. report 26/5/19 attached

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? ~~Yes~~ No
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes
(If not, briefly state why)

17. Recommendations

G. S. Henderson Lieut.
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 Murray G. Miller 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 nothing

G.M.

Murray G. Miller Rank.
Signature of invalid examined. G.M.

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

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.)

Bonded. auth. A.G. Tilley 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.

Geo. Moore Capt. *President.*

PLACE Bramshott

DATE 26.5.19

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.....

DATE.....

Members

APPROVED BY

H. D. Williamson, Major

Assistant Director of Medical Services.

DATE 26-5-19

APPROVED BY

Director-General of Medical Services.

DATE.....

AUDITOR 6 | PAYMASTER 106A

S.S. Adriatic 8/6/19

M. OR S.

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

REGT. No. 106049 RANK Pte. NAME (IN FULL) MILLER. Murray. G. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Wns	31.1.19	Ae. 168

ORIGINAL UNIT C.E.F. 246th Bat. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15 00/14 — DATE EFFECTIVE 1.7.19

PAYABLE TO Mrs. Maud Miller. — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Shubenacadie NS

STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE — EFFECTIVE

DISCHARGED — PLACE Halifax — DATE JUN 15 1919 — REASON Demob — AUTHORITY Ae. 191- — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																				Cr. Bal. DRC
31/5/19							12	34																												Cr. Allce. a/w & Bg
15/6/19	15	1/10	16	50	35/70				133	84							487	50	108	97			15	00							133	84				Pay on Ba Ship Hfx
																																				BK 276920. including adv. D.W.S.G.
			W.S.G. S.A.														WAR SERVICE GRATUITY. W.S.G. S.A.																			Dr. Payt. W.S.G.
153 days.			250	00			250	00															70	00									210	-		21/7/19 #889542.
																							70	00									140	-		11/8/19 #1120039.
																							70	-									70	-		8/9/19 #1138593.
																							70	-									Nil			11/10/19 #1510013
			350	00			350	00															350	00							350	00				
																															250	00				Completed

All payments made.

Certified that all payments due on this acc. have been paid.

A. Chew CAPT.
For Senior Officer Pay Services, M. D. 6

JUN 16 1919

1263

200M-3-19.—L. ... 58785-1. & D. 9985.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch M

OVERSEAS CONTINGENTS

Date of Assignment 4/9

16445 April/17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

9-11-17 Bkr

PARTICULARS OF SEPARATION ALLOWANCE

No. 106 0149

Rank Pte. Promoted Reverted Discharge

Soldier's Name Murray Miller

Battalion 246 Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Maud Miller

Address Shubernacadie. N. S.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	012847-M-32 REMARKS M.D.6
Dec 31			135	135	
Jan 18.	Y 67442		15	15	✓
Feby	N 74485		15	15	✓
Mar	O 95188		15	15	✓
April	M 10379		15	15	✓ ✓
May	R 14262		15	15	✓
June	L 26415		15	15	✓
July	H 28000		15	15	
Aug.	P 37213		15	15	✓
Sept.	S-48547		15	15	✓
Oct	X 52818		15	15	✓
Nov	T 59266		15	15	✓
Dec. 19	Y 66918		15	15	+
Jany	U 69407		15	15	✓
Feby	W 73946		15	15	✓
Mar	K 91579		15	15	✓
April	P 1564		15	15	✓
May	G 6435		15	15	✓
June	H 10219		15	15	✓
			405	405	

A/c Closed 30-6-19.

Ret'd per Adriatic

Date 8-6-19 M.F.W.187 16-6-19

Dudz L.P.M.R.O. 96758

16-6-19

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128.
400M. 6-17—1772-30-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
400M. 6-17—172-39-1141
L. L. 22320—M. & D. 1993.