

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *John Alexander McMillan*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Moncton N.B.*
 3. What is the name of your next-of-kin?..... *Hugh McMillan*
 4. What is the address of your next-of-kin?..... *Levesville N.B.*
 5. What is the date of your birth?..... *Mar 18th 1890*
 6. What is your Trade or Calling?..... *Loom operator*
 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?..... *Yes* *3rd Coy*
 10. Have you ever served in any Military Force?..... *Yes* *2 years 73rd Regt.*
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*
- John Alexander McMillan* (Signature of Man).
W. G. Kerr (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *23rd Oct* 191*5* *John Alexander McMillan* (Signature of Recruit)
W. G. Kerr (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Alexander McMillan*, 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.

Date *23rd Oct* 191*5* *John Alexander McMillan* (Signature of Recruit)
W. G. Kerr (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 *St John N.B.* this *23rd* day of *October* 191*5*.

W. Wetmore JP (Signature of Justice)

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

Burdley R. Armstrong (Approving Officer)

Description of *John Alexander McMillan* on Enlistment.

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

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

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

Height 5 ft. 8 3/4 ins.

Chest measurement { Girth when fully expanded 35 1/2 ins.
 Range of expansion 2 1/2 ins.

Complexion Dark

Eyes Blue

Hair Dark Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date Oct. 23rd 1915 S. S. [Signature]

Place St. John N.S. [Signature] 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.

John Alexander McMillan 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.

Date Oct 23rd 1915 [Signature] (Signature of Officer)
Major

^{MC}
~~MAC~~ MILLAN JOHN ALEX

303440

4 S.B. C.A.R.D.

30151

DEMOB.

FB.

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.



THE FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.



JCA
COW

B

Number. 303440 Rank Bdr.

Surname. McMILLAN

p Christian Name. John Alexander

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

Date of Service. 3/7/16

Remarks.

Latest Address. Nonoton
Lewisville N.B.

Roll No B Page 7038

6/6/39

DESP. JUN 6. 39
REGN. NO. 649

No. 303440 RANK *Inv.*

NAME *McMillian J. A.*

T. O. S. *23-10-15* UNIT *4 1/8 Siege Bty C.S.S.*
Do 6 of 23-10-15

M. D. *6*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Oct 23</i>	<i>Oct 31</i>	<i>✓</i>		
<i>Nov</i>		<i>✓</i>		
<i>Dec</i>		<i>✓</i>		
<i>1916</i>	<i>1916</i>			
<i>Jan 1</i>	<i>Jan 31</i>	<i>✓</i>		
<i>Feb</i>		<i>✓</i>		
<i>Mar 12</i>	<i>Mar 31</i>	<i>✓</i>		



NAME

Mc Millan, John Alexander

M.M. 2931430 3/7/19 I

*Serials 10-5-19
Serial #7
Do-133-13-5-19*

RANK & No.

G.V.

303440

CORPS

No. 4 Siege Battery, Art.

ENLISTMENT, PLACE

St. John, N.B.

DATE

Oct. 22nd 1915 S.

FORMER CORPS

C. G. A. + 73rd Regt.

COUNTRY OF BIRTH

Canada, Moncton, N.B.

NEXT OF KIN

Mc Millan, Hugh

ADDRESS OF NEXT OF KIN

Lewisville, N.B.

DISCHARGE, PLACE

DATE

o/s. 1-4-16 $\frac{376}{4}$

OR/6. 9/5/19 $\frac{218}{45}$ Bdr.

M. F. W. 22. 100 m.-9-15.

REMARKS:



LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

a26 nos. Can. Fed. Amb.

3-1-17

Influenza.

a27 Ref. unit

8-1-17

" "

Surname
McMillan

Christian Name or Names
J.

Reg. No.
303440

Rank
Gnr.

Unit
4th C.B.A.

Co.

Troop

Batty.

Hospital

5 Can. fld. Amb.

Date of Admission

3-1-17.

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis
Influenza.

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 20-1-17 A26

27-1-17 a/27

Transferred unit - 8-1-17
REMARKS

A.M.D. 2 Dept.

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

Rw

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname *McWilliam* Christian Name *John Alexander*

Examined { on *23rd* day of *Oct.* 191*5*
at *St. John, NB*

Birthplace { City or Town *Moncton*
County *NB*

Apparent age *25*

Trade or occupation *loom operator*

Height *5* Feet *8 3/4* Inches.

Weight _____ Lbs.

Chest measurement { Minimum *33* inches.
Maximum expansion *35 1/2* inches.

Physical development _____

Small-Pox Marks _____

Vaccination Marks { Arm *Right* *Left* *yes*
Number *one*

When Vaccinated last *1905*

(a) Marks indicating congenital peculiarities or previous disease _____

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

Approved by *S. S. Skinner*
Rank *major* 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.
<i>12/17/15</i>		<i>S. S. Skinner</i> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>4/1/15</i>		<i>S. S. Skinner</i> M.O.
<i>15/1/15</i>		<i>S. S. Skinner</i> M.O.
		M.O.

Enlisted on *23* day of *Oct.* 1915 at *St. John, NB.*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>No 4 Overseas Liege Battery</i>	<i>303440</i>		<i>23 Oct. 1915</i>
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>Amiral</i>	<i>22-4-19</i>	<i>nil.</i>	<i>A. W. Barlett</i>

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.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 303440 Rank Sdr Surname Mc Millan
(Given name in full)

Unit or Corps 4th C S Bty Birthplace Moncton N B

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 5.9 ft. Colour of Eyes blue
 Nutrition good
 Pulse 76
 Condition of arteries normal
 Vision Rt. n Left n
 Hearing (conversational voice) Rt. 2 ft. Left n ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

nil

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System n Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Influenza 3.1.14 to 8.1.17

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Kimmel.....(Overseas)

Date 22-4-19.....

Signed W. K. LaStait.....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature A. M. Miller.....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

Date

SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

Casualty Form—Active Service.

Regiment or Corps 131ST CANADIAN SIEGE BATTERY

Rank Quartermaster Surname William Christian Name John Alexander

Religion Methodist Age on Enlistment 25 years 0 months.

Enlisted (a) 23/10/15 Terms of Service Duration of War Service reckons from (a) 23/10/15

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

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

Signature of Officer i/c Records.

Date	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				
			Embarked ...			
			Disembarked ...			
			<i>Arrived in England.</i>		<i>11.4.16</i>	<i>SS Olympic</i>
<i>21.8.16</i>	<i>131st SB</i>	<i>Embarked for France.</i>	<i>Field</i>	<i>31.7.16</i>	<i>Pt. II (28)</i>	
						<i>Lieut.</i>
						<i>for Colonel i/c Records, C.E.F.</i>
			LANDED IN FRANCE	HAVRE 31	JUL 1916	
<i>6/17</i>	<i>56 P.Amb.</i>	<i>Influenza adm.</i>	<i>56 P.A.</i>	<i>3/17</i>	<i>a36. 6.2110a</i>	<i>DB 24 d/16/17</i>
<i>13/17</i>	<i>OC Unit</i>	<i>To hospital</i>	<i>76 S</i>	<i>3/17</i>	<i>B213</i>	<i>DB 25 d/22/17</i>
<i>13/17</i>		<i>Rejoined unit</i>	<i>76 S</i>	<i>8/17</i>	<i>B213</i>	<i>DB 25 d/22/17</i>
<i>13/17</i>	<i>56 P.A.</i>	<i>Influenza 3/17 to duty</i>	<i>76 S</i>	<i>8/17</i>	<i>a36. 6.2192</i>	<i>DB 26 d/30/17</i>
<i>16/6/17</i>	<i>OC Unit</i>	<i>Att. to C.A. Rest Camp</i>	"	<i>14/6/17</i>	<i>B213</i>	<i>PI 38 d/23/6/17</i>
<i>30/6/17</i>	"	<i>Rejoined from Rest Camp</i>	"	<i>24/6/17</i>	<i>B213</i>	<i>PI 41 d/19/7/17</i>

(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, transferees, casualties, &c., during active service, as reported on Army Form B. 213, Arty. 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				
10/11/17	cc Unit	Proceeded on leave to England	Field	3/11/17	B213 P206 69. d/16. 11. 17
24/11/17	"	Returned from leave		19/11/17	B213 PK. 2.0. 175
29.12.17	"	Appointed Bombardier		18/10/17	B213 P213 3 a/8/118
4.5.18	2 Bde CRA	On Command Cdn Corps Supply	Col	3 rd 18	B213
20.7.18	do	Relieved from command		14.7.18	B213
23.11.18	do	Granted 10 days Leave	MT	23-11-18	B213 P213 10 10 ⁸ 6-12-18
14.12.18	do	Relieved from leave	do	10.12.18	B213
20.12.18	4 Cdn S Bty	appointed a Bdr with pay of			Letter a/493 K/18/18877
20.12.18	do	Bdr vice Bdr. Kilburn 1a appntd a/cpl		27 th 18	1918
20.12.18	do	Confirmed in rank of Bdr (vice Bdr McKel RW confirmed)		8 th 18	B213 P213 4/1919
		Proceeded to England			
		Attached C.C.C. Kinmel Park for return to Canada. Part 11 Orders No. 102. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part 11 Order. No: 119			Lieut. for Lt. Col., AAG, Canadian Section
		Commanding Wing, Kinmel Park Camp.			
		SMFC on leave			

H.M. T. Mauretania
 Sailing No 53
 Embarked Station on 3/5/19
 Disembarked Halifax 2/6/19

MAJOR,
 O.C. No. 4 Canadian Siege Battery.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 303440 (Rank) Bombardier

Name (in full) John Alexander Macmillan enlisted in
the 1st Siege Battery

CANADIAN EXPEDITIONARY FORCE at John W.B. on the 23rd
day of October 19 15

HE served in Great Britain France & Belgium

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:—

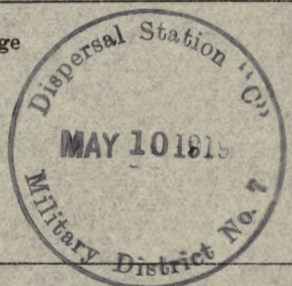
Age 29 1/2
Height 5ft 8 3/4
Complexion Dark
Eyes Blue
Hair Sandy Brown

Marks or Scars Nil

J. A. Macmillan
Signature of Soldier

Ramona Coff
Issuing Officer

Date of Discharge



DISPERSAL STATION, ST. JOHN, N. B. FOR
O. C. DISTRICT DEPOT #7
Rank

Date MAY 10 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.

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY THAT

- 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.

and is now discharged from the service by reason of

THE DESCRIPTION OF THIS SOLDIER IS AS FOLLOWS

Rank of Soldier

Height

Complexion

Eyes

Hair

Character of Service

Date of Discharge

CLASS **A**
 WAR SERVICE BADGE
 NO. **265122** Issued

N.B. - As a condition of this certificate the soldier must be furnished with a receipt for the certificate, which should be forwarded to the

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

Canadian Printing and Stationery Services, London

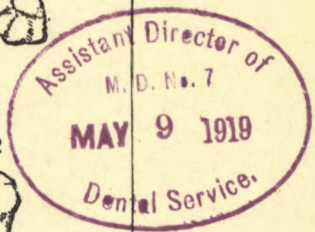
NAME OF SOLDIER (Block Letters) McMILLAN J. A.
 REGIMENT No. 4 CANADIAN SIEGE BATTERY, RANK BDR. No. 202440

Date of Examination in England _____ 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.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 19.
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 _____
- (c) In France yes

Signature of Dental Officer E. Mclellan Capt

1871

1871

1871

Casualty Form—Active Service.

Unit, Regiment or Corps 4th Signal Battery

Regimental No. 303440 Rank Bdr. Name Mc Miller, John Alex
C. E. F.

Enlisted (a) 23-10-16 Terms of Service (a) 2 year Service reckons from (a) 23-10-16

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) Loam Operator

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				
3-5-19	Eng.	TAKEN ON STRENGTH <i>District Depot No. 7</i> PART II. ORDER No. 133 ST. JOHN, N. B.			<i>Lawston</i> Lieut. & Asst. Adjt.
10-5-19	Dis. H.M.S.	STRUCK OFF STRENGTH <i>District Depot No. 7</i> PART II. ORDER No. 133			<i>For O. C. District Depot No. 7.</i>
25.8.19.	2 Bde. C.A.	Quod. M.M. Auth. L.S. 31430 d. 13.9.19. Ad. g.d./25.8.19.			<i>ob. ang. man</i> <i>For L. of R.</i>

(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. I.P.T.O.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) McMILLAN, J. A.
 REGIMENT No. 4 CANADIAN SIEGE BATTERY. RANK Bar. No. 303440

Date of Examination in England _____ 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.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 19.
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
- (c) In France yes

Signature of Dental Officer *Ermine A* *apt*

LETTER
NO. 100
DATE
TO
FROM
SUBJECT

THE
FIRST
PART
OF
THE
DOCUMENT
IS
A
REPRODUCTION
OF
A
DOCUMENT
FROM
THE
ARCHIVES
OF
THE
FEDERAL
BUREAU
OF
INVESTIGATION
AND
THE
DEPARTMENT
OF
JUSTICE
ON
MAY
15
1964
AT
WASHINGTON
D.C.

(1) (b)
(2) (b)
(3) (b)

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 15m.-3-16.
 H. Q. 1772-39-819.

Sheet No. 2.

Hugh W. Millan

Name of Soldier

W. Millan John A.
303440 #4 Siege Batty

PAYMENTS.

L. L. Job 95618—M. & D. 6555.

Month.	Year.	Cheque No.	Amt.	Remarks.
				20. ⁰⁰ APR 1- 1916
April	1916	W2485	20	
May		✓ 5514	20	
June		a 5399	20	
July		W 12164	20	
Aug.		C 13477	20	
Sept.		9 18741	20	
Oct.		V 23789	20	
Nov.		T 27907	20	
Dec.		T 31037	20	
Jan.	1917	✓ 40734	20	
Feb.	Ch.	K 46021	20	
March		F 30971	20	20 cl
April		Z 3290	20	20 w.
May		2 9969	20	20 (W)
June		Y 16272	20	D
July		Z 25870	20	cu
Aug.		M 33414	20	
Sept.		K 37748	20	e
Oct.		S 44164	20	
Nov.		Q 50026	20	50026 Can. CAD
Dec.		L 60114	20	
Jan.	1918			
Feb.				430.
March				
April				
May				
June				
July				

Handwritten initials in green ink.

Handwritten note: Q 50027

Handwritten note: 430.

Handwritten circled 'W' in red ink.

Red stamp: APR 1- 1916

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

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom

Hugh W Millan

By Whom Assigned

W. Millan, John A.

Address

*Lewisville
Westmoreland Co.
N. D.*

Regtl. No.

303440

Rank

Gr.

Corps

4 Siege Bty.

Rate

*\$2.00**APR 1 - 1916*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



THE
CITY OF
NEW YORK

RECEIVED
MAY 1 1964

NEW YORK
MAY 1 1964

NEW YORK
MAY 1 1964

21
20
420

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: 1-4-16		EFFECTIVE DATE: 5-19	
AMOUNT: 20 ⁰⁰		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.	
Hugh McMillan Newbridge, Westmoreland Co. NS.			

NAME: *Mc MILLAN, John Alexander*

NUMBER: *302440*

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Do. 3.8-1-18	1810-17	R/Bdr
" 114. 2 Bde 30/12/18	27-10-18	q/Bdr with pay
" 4 " 13/1/19	8-11-18	Comp. Bdr.

UNIT AND TRANSFERS

ORIGINAL UNIT: *131st Bde*

DATE ACCOUNT FIRST OPENED: *1-4-16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'F'D	UNIT TRANSFERRED TO
			<i>4th Bde</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
4/4	20	M. King	4 87				
9/4	176	K.P.	29 20				
			34 07				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	05	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis: Canada 30/4/19, A.R. 6586 Rhyl to Rhyl M.D. 7. 8th Bde 20th 61*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
April	Mc Millan, J. Wd.								38 70		
Apr	sl	33		al				20	43 67		
		33		al	803			20			
May	sl	3410		583. 3.5-18	803			20	49 75		
		3410			803			20			
June	"	33		al				20	62 74		
		33						20			
July	sl	3410		732. 15.7-18	803				68 81		
				824. 17.7-18	714				61 67		
		3410			1517			20			
Aug	sl	3410		al				20	75 77		
				844. 5.8-18	357				68 63		
				947. 17.8-18	357						
		3410			714			20			
Sept	sl	33		al				20	81 63		
				1071. 3.9-18	357				74 49		
				1179. 16.9-18	357						
		33			714			20			
Oct	-	3410		B.A.P.				20	88 59		
				263. 13.10/18	3 73						
				" 1489 22/10/18	3 73				81 13		<i>% agreed</i>
		3410			7 46			20			
Nov	-	33						20			
Dec	-	3410		B.P. 69055 23/1/18	92 47						
Jan	-	3410									
		101 20		Over							

NUMBER 302440

RANK

NAME McMILLAN

John Alexander

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	App ² of 100 will pay off 27/10/18 97 days to adj.	101 20 4 85		Blue frd. C.S.P. C.S.P.	92 47			20			
		106 05 106 05		3 Bde 2712 14/1/19	92 47			20	34 71		
Feb	Adm Pay	32 20			7 46						
Mar	"	35 65		-- 3216 3/2/19	3 73						
				-- 3448 15/2/19	3 73						
				-- 3762 2/3/19	3 73						
								20			
								20			
				-- 4188 14/3/19	3 73				40 18		
		67 85			22 38			40			
Apr		34 50						20	54 68		
				ORA 20 11/4/19	4 87						
				K.P. 176 10/4/19	29 20						
				Ended: " 954 24/4/19	9 73				10 88		
		34 50			43 80			20			

SOS 3/3/19. 56 53 B.S.A

182.23
152.27
29.76
485
3471

5468
3407
20.61

W. S. B. CLASS A.

SHORT FORM.

No. 265182

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 303440

Unit. A1

2 Rank. Bdr.

3. Name. MacMILLAN

John Alex.

4. Unit. 4th S.B.

4th S.B. D. NO. 7 CARDS

5 Date of Discharge

MAY 10 1919

Place

ST. JOHN N. B.

6 Reason for Discharge

DEMOBILIZATION

Next of Kin.

Father

Service in France.

3 2/12

7. Authority.

R. O. 1420 (C)

8. Proposed Residence after Discharge

Moncton, N.B.

Lewsville West Co. N.B.

Methodist

Occupation.

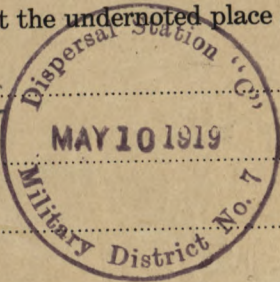
Loom-operator

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.?

39



J. MacMillan

Signature of Soldier.

10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed

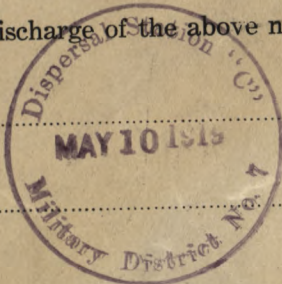
Place

H.M.T. Mauretania

Sailing No 53

Date

Embarked on 3/5/19
Diser. at Halifax 9/5/19



Rauver Coff

O. C.

DISPERSAL STATION, ST. JOHN, N. B. FOR

Signature

O. C. DISTRICT REPT. #7

(O. C. Discharging Unit)

Star 6/11/19

SHORT FORM
PROCEEDINGS ON DISCHARGE
(Demobilization)

1. No.	
2. Rank	
3. Service	
4. Unit	
5. Date of Discharge	
6. Reason for Discharge	
7. Remarks	
8. Proposed Discharge after 5 months	
9. Remarks	
CERTIFICATE TO BE SIGNED BY SOLDIER	
I hereby acknowledge that in the medical place and date I received my discharge Certificate	
M. H. W. J.	
Signature of Soldier	
CONFIRMATION	
The description of the above named man is hereby confirmed	
Person	
Date	
Signature	
(O. C. Detachment Unit)	

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate	Medical Form W. 23
or Particulars of Record	Medical Form W. 131
Field Conduct Sheet	Medical Form W. 112 or A. B. 112
Company Form	Medical Form W. 54 or A. B. 104
Last Pay Certificate	Medical Form W. 44
Certificates that missing documents are unobtainable	
Medical History Sheet	Medical Form W. 111 or A. B. 111
Proceedings of Medical Board	Medical Form W. 110 or A. B. 110
Dental History Sheet	Medical Form W. 105
Medical Report	Medical Form W. 104 or A. B. 104
Regimental Conduct Sheet	Medical Form W. 101
Company Conduct Sheet	Medical Form W. 100

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. 3009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings of Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 44)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 32a).
10. Dispersal Certificate (C.D.S).
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 AP ^A 25
 Date 30/4/19

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

M 9908

April 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

*74924
out*

PARTICULARS OF SEPARATION ALLOWANCE

No. *303440*

Rank *Gm* Promoted Reverted Discharge

Soldier's Name *John A Mc-Millan*

Battalion *4th Siege Batty*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Hugh Mc-Millan Bates*

Address *Lewisville, Westmoreland*

Change of Address *N.B. -60*

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Dec 1917</i>	<i>31</i>		<i>420</i>	<i>420</i>
<i>Jan 1918</i>	<i>62334</i>		<i>20</i>	<i>20</i>
<i>Feb</i>	<i>67645</i>		<i>20</i>	<i>20</i>
<i>Mar</i>	<i>m 94044</i>		<i>20</i>	<i>20</i>
<i>April</i>	<i>F 2637</i>		<i>20</i>	<i>20</i>
<i>May</i>	<i>P 14888</i>		<i>20</i>	<i>20</i>
<i>June</i>	<i>J 27160</i>		<i>20</i>	<i>20</i>
<i>July</i>	<i>L 33944</i>		<i>20</i>	<i>20</i>
<i>Aug</i>	<i>N 37286</i>		<i>20</i>	<i>20</i>
<i>Sept</i>	<i>Q 49874</i>		<i>20</i>	<i>20</i>
<i>Oct</i>	<i>V 51452</i>		<i>20</i>	<i>20</i>
<i>Nov</i>	<i>R 57044</i>		<i>20</i>	<i>20</i>
<i>Dec</i>	<i>Y 61434</i>		<i>20</i>	<i>20</i>
<i>Jan</i>	<i>V 71329</i>		<i>20</i>	<i>20</i>
<i>Feb</i>	<i>T 77156</i>		<i>20</i>	<i>20</i>
<i>Mar</i>	<i>K 85369</i>		<i>20</i>	<i>20</i>
<i>Apr</i>	<i>N 1654</i>		<i>20</i>	<i>20</i>
<i>May</i>	<i>E 6114</i>		<i>20</i>	<i>20</i>
			<i>760</i>	<i>760</i>

012506-J-139 REMARKS

A/c Closed 31/5/19

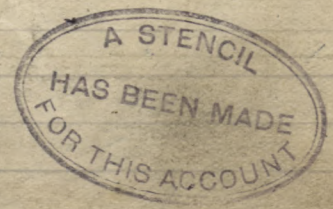
Ret'd per Manuelania

Date 9/5/19 M.F.W. 187 14/5/19

Clerk Bobonneville In W # 7

MR O.P. 74259 Destroy 14/5/19

M. F. W. 128
4000-6-17-1772-38-1141
L. L. 25520-M. & D. 1906.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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	Chèque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128
 400m-6-17-1772-89-1141
 L. L. 2320-M. & D. 1988.

M.D. No. 7

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

Bank of Montreal, Montreal, N.B.

AUDITOR *[Signature]* PAYMASTER *[Signature]*

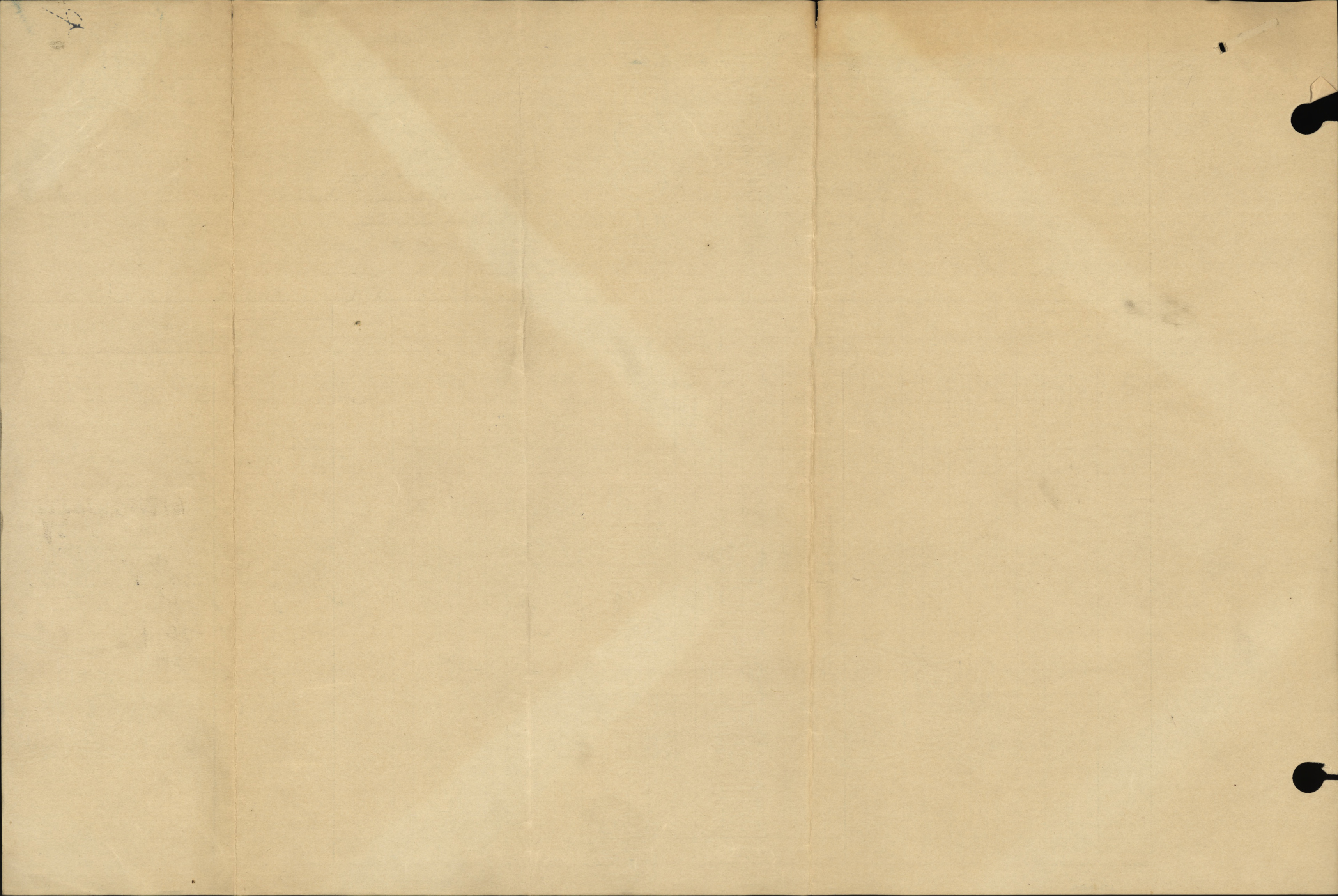
M. OR S.

REGT. NO. 303440 RANK Bdr NAME (IN FULL) McMillan, John Alex.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE	2595.
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE REASON	AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	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
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
April			35.00	10.88													Mauretania 9-5-19.
May	18	1.5	20.70	70.00				12.57	487	500.10	671	20.00	136.58				Cr Bal Eng SPC 30-4-19.
WAR SERVICE GRATUITY.																	
			WSG 420.00	420.00													WSG Soldier.
																	1st Payment as above
																	Cr Pa on here
																	Pd M.S. Charges
																	Ch 845343 AR 66
																	Ch 1055706 AR 90
																	Ch 1256762 AR 114
																	Ch 1544834 AR 140
																	Ch 1532701 AR 166-10/19
																	70
																	NON-EFFECTIVE
B.			420-	420-													40909 1091 420.00



VES

Rank *LT*

Name

McMILLAN John Alexander

Reg'l No. 303440

Unit *131 ST*
4th Siege Bty

If in perm. Corps,
What Unit? }

Married or Single Single

Place and Date of Enlistment St. John, N.B. 23rd Oct. 1915.

Place of Birth Moncton, N.B.

Name and Address, Next-of-Kin Hugh McMillan
Lewisville, N.B. Canada.

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. B.B. No. *17004*
File No. *1000*
Category

Discharge, Date and Place

Reason

Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	A.F.B. 103 CHECKED		REMARKS. Taken from Official Documents.
Date.	From whom received.		Place.	Date.	
21 AUG. 1916	131 S.B.	Arrived in England Embarked for France.	Field	11 APR 1916 31 JUL 1916	s.s. Olympic Pt II O 287
11.1.17	4 S.B.	131 S B NOW 4th, S B	FIELD	11.1.17	Pt II O 2.
20.1.17	4 S.B.	Adm. W.S. Can. Fld. Amb.	Field	3.1.17	C.L. A. 26 Influenza.
27-1-17	4th S.B.	Rejoined Unit	Field	8-1-17	C.L. A 27 Influenza.
8.1.18	---	Appntd. ^{A/Bdr} to Comp. Estab.	Field	18.10.17	Pt II O 3
25.8.18	---	New. Known as 2nd Bde C.Ga. (Mixed)	---	20.3.18	19 ^{& 2nd Bde C.Ga. (md)} P 5012 of 1918
30.12.18.	2. C.Ga.	Appointed as Bdr with pay. (M. M.)	---	27.10.18	---
13.1.19.	---	Confirmed in Rank of Bdr	"	8.11.18	---

A.F.B. 103 CHECKED
31 AUG 1916

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.				
6-4-19	2nd Lt. GA	Proceeded to England	Field Bdr	2-4-19	FT 036
3.5.19	H. B. D. B.	S.O.D. D. Canada	Rhyl Bdr	3.5.19	— 127
		To Canada		5.3.7-20	3-5-19
25.8.19.	2 Bdr. C. B.	Awd. M. M. Auth. L. G.		31.7.30 d./3.7.19.	Ad. 9. d./25.8.19.