2nd. DEPOT BATTALION,
Eastern Ontario Regiment.

TRIPLICATE

3. M. D. Depot Battalion Regiment

Regtl. No. 3320897

"B"

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname McMillan.
2. Christian name John. Jones.
3. Present address Perth Ont.
4. Military Service Act letter and number P.C. 958609
5. Date of birth 22nd April 1895
6. Place of birth Scotland.
   (town, township or county and country)
7. Married, widower or single Single.
8. Religion Presby.
9. Trade or calling Farmer
10. Name of next-of-kin Mrs. W.R. McMillan.
11. Relationship of next-of-kin Mother.
12. Address of next-of-kin 167 High St. Kirkcaldy. Fifeshire Scotland.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any Nil.
15. Medical Examination under Military Service Act:—

    (a) Place Perth Ont. (b) Date 26.10.17. (c) Category all.

DECLARATION OF RECRUIT

I, John Jones McMillan., do solemnly declare that the above particulars refer to me, and are true.

J J mc millan (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	22 yrs.	6 mths.	
Height	5 ft.	2½ ins.	
Chest measurement	fully expanded	36 ins.	
	range of expansion	3½ ins.	
Complexion	Fair.		
Eyes	Grey		
Hair	Brown.		

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

Nil.

A R Ryrie Lt. Col.
O. C. 2nd. Depot Batt., E. O. R.
O. C. Depot Btln.
Regt.

Place OTTAWA Date APR 10 1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

REGIMENTAL DOCUMENTS

NAME Mc MILLAN JOHN JONES REGT. NO. 3320892 UNIT 6th Res Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					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)					
	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)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				36188	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)					
2	Misc					
1	Cards 5009A Ref A.F.B. 1					
1	7122					

480837

JCH
Corr

Number 332097 Rank Pte

Surname McMillan

Christian Name John Jones

Units C.O.R. Theatre of War Eng

Date of Service 5/6/18

Remarks Ben. Del.

Latest Address P.O. Perth

Ont

Roll No a Page 1369

DESP. MAR 15 19
REGN. No. 2209

#3

CARD No. X

SURNAME. Mc Millan

CHRISTIAN NAMES John Jones

REGL. No. 3320897 RANK Pte

UNIT East Ont. Regt. 2nd Depo Bn

FORMER CORPS Nil.

20 Dis 25-8-19
Demob. # 30 M
No 240 Roll 28-8-19

T. O. S. April 1. 1918

D. O. Part II 92

NEXT OF KIN.

NAMES IN FULL Mc Millan, Mrs. W. R.

RELATIONSHIP TO SOLDIER Mother

ADDRESS 167 High St., Kirkcaldy, Fife, Scot.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland.

PLACE OF ATTESTATION Ottawa Ont.

DATE Apr. 22nd, 1895

DATE Apr. 10th, 1918

O/S 15/5/18 5/1260.

R/C 29/8/19 39 8 Pte 79

MARRIED SINGLE 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

75

M.S.A. 15.

2nd. DEPOT BATTALION,
Eastern Ontario Regiment.

MILITARY SERVICE ACT, 1917.

ORIGINAL

MEDICAL HISTORY SHEET.

3320899

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Macmillan Christian name H John Jones

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule P.E. 958609

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Perth R R No5

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 26 day of October 1917, by the undersigned medical board sitting at Perth

5. Age as stated 22 Years 6 Months. 6. Apparent age 22 Years Months

7. Height 5 Feet 2½ Inches. 8. Weight 119 Pounds.

9. Chest measurement { Minimum 32½ Ins / Maximum 36 Ins. } 10. Complexion Fair { Eyes Grey / Brown Brown }

11. Physical development. fair { Good / Fair / Poor } 12. Smallpox marks none

13. Number of vaccination marks { Right arm 0 / Left arm 2 } 14. When vaccinated last childhood

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

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [A 2] Vision RE 20/30 LE 20/30

J H Moyle Capt. C.A.M.C. President.

A McGhie Capt. C.A.M.C. Member. B.T. McGhie Lt. C.A.M.C. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
3-4-18		J W Shillington M.O.	3-4-18	J W	Shillington M.O.
		M.O.	6-4-18		J W S M.O.
		M.O.	13-4-18		J W S M.O.

Joined 1st day of April 1918 at Ottawa

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	2nd Depot Bn E.O.R	3320897		1-4-18
Transferred to	60th Rifles	3320897		5-6-18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
WITLEY CAMP, SURREY 23-7 1919	After Hearing By J W Shillington Capt.		

N. B.—This sheet is 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.

Signature of Man John Jones Macmillan

1

Surname Mc Millan Christian Name John

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of 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.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 13 C

NAME OF SOLDIER Mc. Millan J. G.

RANK Pte

REGIMENT 2 D. B. & O

No. 3320897

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.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1918 April 2										4 17. 20. 29. 30.									Exam by Lieut Manseau	3.	1 Cas. # 12 2 Ext 13. 19. 31.
	April 2										17. 19. 31									M. Manseau	3	

M.F.B. 2 WM-1-1 1772-39-965

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Date	Condition on first examination	Treatment	Crowns	Gold Fillings	Gold Inlays	Porcelain Fillings	Porcelain Inlays	Gold Crowns	Porcelain Crowns	Pivots	Bridges	Dentures	Gold Fillings	Gold Inlays	Porcelain Fillings	Porcelain Inlays	Gold Crowns	Porcelain Crowns	Pivots	Bridges	Dentures	Operator	Remarks
			Gold	Porcelain								U L S											

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On back 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.

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) MACMILLAN John George

REGIMENT 6th Res Bn RANK Pte. No. 3320597

Date of Examination in England 10-7-19 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.

PRESENT DENTAL REQUIREMENTS

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

CAN. ARMY DENTAL CORPS M.D. 3 ONT.

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

Signature of Dental Officer M. R. Thomas Capt

120

FORM OF WILL

I, John Jones McMillan (Name in full)
2nd. DEPOT BATTALION,
Regimental Number 3320879 serving in Eastern Ontario Regiment.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Nil	Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs W. R McMillan (Mother) 167 High St. Kirkcaldy Fifeshire Scotland.	Name and Address of person or persons to receive personal estate* (*See note*).

NOTE
This space for the appointment of Executor if necessary.

IMPORTANT NOTE
This must be signed and Dated by THE SOLDIER HIMSELF.

this 9 day of April A.D. 1918

J. J. McMillan Signature of Soldier.

*N.B. Personal estate ~~includes pay, effects, money in bank, insurance policy, in fact everything~~ except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Alex I. McIntosh
Address of Witness 2nd. DEPOT BATTALION, Eastern Ontario Regiment. OTTAWA
Occupation of Witness Soldier C.E.F.

Signature of Second Witness S. Cole.
Address of Witness 2nd. DEPOT BATTALION, Eastern Ontario Regiment. OTTAWA
Occupation of Witness Soldier C.E.F.

M. F. W. 82.
300M.-12-16.
1772-39-983.

Perth Ont

EAR LYL NOSE AND T/ROAT CLINIC.

Witley Camp, Surrey August 10th 1919

Regt No 332697 Rank P.T.E. Name Mc. Millan N. J.

Unit Mining

Original disease or injury Rhinitis

Date of origin Dec 1917

Place of origin Canada

Cause ?

Present disability Double O.M.C.C.

Right	Hearing	Left
14 ft.	Voice	12 ft
←	Weber	
+	Rinne	+
	Schawabach	
	Upper Lt	
	Lower Lt	

Category:- B 1

Remarks:-

Condition was ~~.....~~ present previous to enlistment and has not ~~been caused by service. Has ..... been aggravated by service.~~

For LOFC Board.

~~For SHORT BOARD.~~

Captain R.A.M.C.
Ear Specialist.
Witley Camp, Surrey.

Statement of Evidence regarding the Wounding of Private MacMillan.

I was standing about ten paces from the scene of this ~~accident~~/ accident. A bomb, hidden in the grass, suddenly exploded and wounded this man, who was standing near by. No blame can be attached to any Person, it was purely accidental.

H. Leaf

.....Lieut.
No.1 Coy. Can. War Graves Detachment.

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 2nd. DEPOT BATTALION, Eastern Ontario Regiment

Regimental No. 3320897 Rank Pte Name McMillan John Jones

Joined Enlisted (a) 1-4-18 Terms of Service (a) C. E. F. C. E. F. Service reckons from (a) 1-4-18

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) Farmer

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
		S.O.S. 2nd. Depot Bn. E. O. R., B. O. 15-5-18			P. Wroolleombe Lieut ADJT. 2ND. DEPOT. BATT. E.O.R
		Embarked	Canada	15-5-18.	H.M.T. City of Marseilles.
		Disembarked	England	5-6-18.	
8-6-18.	O.C. 6th. Res. T.O.S.	6th. Can. Res. Bn.	Seaford	5-6-18.	Pt. 2. B.O. #138
17.5.19	6th Res.	Sec on transfer to Can War Graves Detachment	Seaford	17.5.19	Pt II Bo #111
					W. G. M. Robinson OFFICER i/c RECORDS 6th RAN. RES.
24-5-19	Unit	Arrived in France & TOS Cdn. War Graves Detachment		18-5-19	B.213.A.G.3d.A.G.7-1-310 d/15-5-19 File 41057 D.O.7

CERTIFIED CORRECT. 15 JUN 1919 RECORDS, LONDON.

B. O. S. ON PROCEEDING TO CANADA
Pt II O.N. 129

FOR OFFICER COMMANDING "M" WING, C.C.O.

(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.

Embark S.S. BELGIC
Liverpool 13.8.19

J. Stewart Lieut. R.A.M.C.

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				
16/8/19		B.O.R. ON PROCEEDING TO CANADA. pt. 11			

H. W. Harris Lieut.
FOR OFFICER COMMANDING,
"M" WING, C.C.C.

Med unfit for Gen Service R.O. 1894

16.8.19. T. O. S. 3014. Discharged 26.8.19. Kingston Ont. Pt. 2 Order 244a.
On demob med unfit for gen serv
R O 1894

R. H. Bate Lieut. Major
O. C. Dispersal Area Station

Army Form W. 3428.

REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES.

To be rendered in accordance with instructions on the back of this form.

1. Number, Rank, Name, and Unit of injured man. 3323650 Pte McMillan E. No 1 Coy Canadian Graves Detachment. Date of Casualty. 28/5/19

2. Nature, Location, and Severity of injury. (*N.B.* Field Ambulance to be notified at once if wound is believed to be self-inflicted.) Bomb wds abd wall & R arm - slight

Jas D. Archibald
Medical Officer.
Capt RAMC

3. Short statement of the circumstances of the case. (Signed statements of witnesses to be attached to this form.) This man was wounded by splinters from a bomb which was hidden in the grass, and exploded after being stepped on by one of the men around the place

4. Commanding officer's opinion as to whether the man was:—
   (*a*) In the performance of military duty. Yes
   (*b*) To blame. No
   (*c*) Whether any other person was to blame. No

Date 29-5-19

F. Lawrence Capt
Commanding O.C. No 1 Coy
Canadian War Graves Detachment

5. (*a*) Opinion of G.O.C. Brigade.
   (*b*) Disciplinary action taken or proposed, whether against injured man or another.

(a) I consider the above wound to be purely accidental.
(b) Not necessary

Date 6-6-19.

W. W. Piper. Major
Commanding H.Q. ~~Brigade~~ Canadian War Graves Detachment

[Continued Overleaf.

6. To _____ Army "A."

Forwarded with reference to my Casualty Wire No. _____ dated _____

_____

Date _____ _____ Division.

---

7. To D. A. G.,
G. H. Q., 3rd Echelon.

Forwarded for record. This casualty should be reported as Injured (Accidentally)

_____ Capt.

for Lieut-Col. A.A.G. 10th Corps.

Date 10·7·19 _____ Army. London.

INSTRUCTIONS.

1. These forms are to be completed in all cases of accidental or self-inflicted injuries, involving a soldier's absence from duty, whether due to the man's own act, or that of a comrade, or to other extraneous circumstances.

2. Where several casualties occur as the result of one accident, one form is to be completed for each Officer or other rank injured, but only one set of statements from the witnesses of the accident need be attached.

3. Full statements are to be taken by an Officer from the witnesses of the accident. These statements will be signed by the witnesses making them, and by the Officer who takes them, and will be forwarded with this Form. Where it is intended to take disciplinary action, copies of these statements should be retained by the Unit for use in lieu of a summary of evidence.

4. Where it is possible to obtain it, a statement from the injured man will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

Special Instructions as to Evidence in Cases of Self-Inflicted Wounds.

5. In these cases the statements mentioned in paragraphs 2 and 3 above should bring out all material points, *e.g.*, statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

6. A soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under sec. 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.

W8573—M2732 200,000 9/17 HWV(P1565) Forms W. 3428/2
5872—P750 300,000 3/18

Form R 122.
10287—65M—28-7-17.

LTR

Rank | Name McMILLAN, John Jones | Reg'l No. 3320897

Unit No 8 Dft 2nd Bn EAST ONT | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Ottawa. April 10th, 1918. Place of Birth Scotland.

Name and Address, Next-of-Kin Mrs W.R. MCMillan

167 High St. Kirkcaldy Fifeshire Scotland. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No 16344
File R.L.
Category CR Can

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	5-6-18 S/S CITY of MARSEILLES		
8-6-18	6th Res.	T.O.S. from Canada	Seaford	5-6-18	PIID/0135.
17.5.19	—	SOS to Can War Graves Detach on Proc O/S	Ptc —	16 5 19	— 111/W.G. Do 6.25 6/19.
9.7.19	Curragh	TOS from War graves Dep	Witley	7.7.19	Do 149
10.7.19	"	SOS to M Wing Witley	" "	9.7.19	— 150/M Wing Do 91. 10 7/19)
		W G 23 7 19 PROCEEDED TO ENG 6 7 19 LONDON DO 9			
	General Depot	102-E-80 Sailing 16/8/19			
18.8.19	M Wing	SOS Canada		16-8-19	D.O. 130

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.					

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR ~~CANADA.~~	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/6/18.	EFFECTIVE DATE:-
AMOUNT:- $5.00	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.

Mrs Wm McMillan (mother)
167. High St. Kirkcaldy
Fife. Scotland.

Stopped Eff. 1-9-19.

NAME:- McMILLAN John Jones. F E
NUMBER:- 3320891.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Can. L.P.C.		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT 8th Bn 3rd Res Bn 6 OR 6th CANADIAN RESERVE BATTALION

DATE ACCOUNT FIRST OPENED:- 1/6/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			6th Res Bn

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
~~22.5.19~~	477	~~Fch~~	~~Fes20 3 65~~				
~~14.6.19~~	77	~~Fch~~	~~Fes25 4 13~~				
~~26.6.19~~	507	~~"~~	~~Fes25 4 13~~				
			11 91				

29 20
8 26
21 04

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	~~1/0~~	~~1/0~~	

PARTICULARS OF RENDERING NON-EFFECTIVE: Sianoto Canada 1-8-19 Bikott MR11607 10.7.19 Mitring Valley MD#3 LPC Bal. 6d $20 88

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAY 31.	CRED. BAL. L-P-C.								23 70		
June	P.P.	33 -		~~Bal~~			~~20~~	~~20~~ -			
				ap Chk #A11586 £4. 2. 2 Suppl			20 -				
				aR. 1314 11/6/18 6 Res	2 43						
				" 1671 26/6/18 "	9 73				24 52		
July	P.P.	33 34 10		Chq #127684 9 £4. 2. 2	12 16		20 20				
				Q 1469 976 26/6/18 6 Res	1 32						
				aR. 22HH 16/7/18 6 Res	12 17						
				" 2635 27/7/18 "	4 87				50 28		
Aug	P.P.	34 10 34 10		ap Chq #652654 £4. 2. 2	18 36		20 - 20 -				
				aR. 3751 25/8/18 6 Res	7 30						
				" 3148 16/8/18 ✓ 32.21	4 87				22 21		
Sept	P.P.	34 10 33 -		D 7880 £4. 2. 2	12 17		20 - 20 -				
				aR. 4296. 14/9/18. ✓	4 87						Balcq Rec'd 30/9/18
				aR. 4643. 28/9/18 ✓	7 30				23 04		
		33 .		23.04	12 17		20 .				
Oct	✓	34 10		Q 61038 4/2/2			20				
				✓ 5501 26/10/18 ✓	7 30						
				~~aR 22820~~ aR 5094 /10/18 ✓	4 87				24 97		
		34 10		C 3440 4-2-2	12 17		20 20				
				aR 5876 14/11/18 ✓	7 30						
				✓ 6306 28/11/18 ✓	7 30						
				✓ 685 14/12 ✓	7 30						
Dec	Non Dea Jan P.P.	1/0 20 1/0 20		E 28046 £4-2-2			20 20		44 27		
				F 11836 £4-2-2	21 90		66				

NUMBER 3320897 RANK Pte NAME McMillan D.J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									44 27		
				7599 9/11/19 6th Le.	12 17						
	Fet Mch P.P.	64 90		8315 23/1 ✓	2 43						
				E6859 £4-2-2			20				
				7205 23/12 ✓	9 73						
				8582 13/2 ✓	48	7 29	20				
				F 11938 £4-2-2			20				
				9053 25/2 6th Le.	48 7						
				9499 13/3 ✓	4 87						
				9858 21/3 ✓	7 30				22 93		
		64 90			46 24		40				
				A 78 24 109 17 £4-2-2			20				
	aplomar ✓	67 10		367 11/4 26 ✓	4 87						
				805 26/4 292 ✓	7 30						
				A 90658 £4-2-2			20				
				1317 12/5 ✓	4 87						
				1490 16/5 ✓	7 30				25 69		
		67 10			24 34		40				
June	P. P.	33 -		A 90736 £4-2-2			20				
July	✓	34 10		A 6369 July £4-2-2			20				
				A 65741. Aug. £4-2-2			20				
				4717. 27.5.19 G.B.D.	3 49				29 30		
		67 10			3 49		60				
Aug				A 87144. 16/7 "M" Wing (End)	9 73						
				8120. 24/7 ✓ (✓)	29 20						
				A 87744 19/6 C.W.E.D.	4 16						
				✓ 507 28/6. ✓	4 16				17 95		
		✓			47 25						
				9533 7/8/19. E.O.R. X-end	9 73				27 68		
					9 73						

S.O.S. 16/8/19 Sh 102

61
25 69
67 10
92 79

D1
11 91
60
71 91
2088 G.Bal
92 79

D. Lowry

SHORT FORM.

War Service Badge Class. O.S. A-1

PROCEEDINGS ON DISCHARGE.

No. 214056 Issued D. A. - G.

(Demobilization.)

1. No. 3320897
2. Rank. Pte.
3. Name. MacMillan John Jones
4. Unit. 6th Can. Reserve Bn.
5. Date of Discharge AUG 26 1919 Place Kingston Ont
6. Reason for Discharge Demobilization. RO Med. Unfit for GS. 1894
7. Authority. RO 1894
8. Proposed Residence after Discharge Perth, Ontario

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. J. MacMillan
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Medical Documents Forwarded to ~~S.C.R.~~ or B.P.C. on Date SEP 22 1919

Place Kingston Ont

Date AUG 26 1919

DISPERSAL AREA STATION H. KINGSTON ONT. AUG 26 1919 NO. 3 DISTRICT DEPOT

H. A. Mack Captain
for O. C. Dispersal Area Station H

Signature
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

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. 5609a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.L. 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. 8).
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..... B

Checked by No..... 24

.....

Date..... 14/8/19

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 3320897 RANK Pte NAME (IN FULL) MacMillan John G.
(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
John G. MacMillan		
RR#3		
Perth		
Ont.		

ORIGINAL UNIT C.E.F. E.O.R. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 1-4-18 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20.00 — DATE EFFECTIVE 1-9-19

PAYABLE TO Mrs Wm MacMillan — RELATIONSHIP

ADDRESS 167 High St. Kirkcaldy Fife Scot.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Kingston — DATE 26-8-19 — REASON Demob — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

1360

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	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.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							20	88	20	88																							20	88	Returned Belgic
																																		Bal. per Eng. L. P. C.
Aug	31	1.10	34	10	35 70			139	10							46	66	9	87	101	45								159	98					Clothing Allce. and 1st Payment W. S. G.
																										5	50		5	50	5	50			Pay to Estimate date of discharge
																																		Advances in England
																																		Boat Money, Train Mess
																																		Overpaid 5 days on discharge

CANADIAN EXPEDITIONARY FORCE

War Service Badge Class. A...

DISCHARGE CERTIFICATE 214056 Issued

THIS IS TO CERTIFY that No. 3320897 (Rank) Pte

Name (in full) MacMillan John Jones enlisted in

the 2nd Depot Bn C.O.R.

CANADIAN EXPEDITIONARY FORCE at Ottawa on the 10th

day of April 1918

HE served in Can. War Graves Detch in France

and is now discharged from the service by reason of Demobilization. AO 1894 Med Unfit for O.S. ~~Medical Unfitness~~

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

Age 24

Height 5' 2½"

Complexion Fair

Eyes Grey

Hair Brown

J J MacMillan
Signature of Soldier.

Marks or Scars

J W A Mack Captain
for O.C. Dispersal Area Station H
Issuing Officer.

Date of Discharge

DISPERSAL AREA STATION H. KINGSTON ONT. AUG 26 1919 NO. 3 DISTRICT DEPOT

Rank

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

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

M.F.B. 39A.

Original

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 Witley DATE 10. 7. 19.

1. 1 (a) Unit E.O.R.D. (b) Regimental No. 3320897 (c) Rank Pte

(d) Surname ~~FOWES~~ McMILLAN (e) Christian name John Jones

(f) Home address R R 5 Perth Ontario

(g) Next of Kin Mrs B. Mc Millan (h) Relationship mother

(i) Address of Next of Kin 164 High St. Kirkcaldy Scotland

2. Age last birthday 25 years Date of birth 22. 4. 94.

3. Enlistment, or ~~Appointment (if an Officer)~~ (a) Place Ottawa. (b) Date 1. 4. 18.

4. Personal description:

(a) Height 5' 1" (b) Weight 145 lbs (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Nil

5. Former trade or occupation Farmer

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
	1	101.

	Periods	
	From	To
Canada	1. 4. 18	15. 5. 18.
England	4. 6. 18	22. 5. 19
France or other theatres of War	22. 5. 19.	7. 7. 19.

7. Original disease, or injury OTITIS MEDIA. C.C. Double.

(a) Date of origin Dec 1917. (b) Place of origin Canada

(c) Cause Unknown

M. F. B. 227.

400M.—11-18.
1772-39-117.

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.)

(O. M. C. C. double), slight defective hearing

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.)

objective Ear Clinic Specialist Report Wesley 10.7.19.

Right	Hearing.	Left.
14 ft.	Voice	12 ft.
←	Weber	
+	Rinne	+

Cal. B.1.

W.W. Hume Capt. C. A.M.C.

Subjective. Slight deafness.

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

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

Special Senses.....no.....Respiratory System.....no.....Integumentary System.....no.....

Disturbances of Mentality.....no.....Digestive System.....no.....Muscular System.....no.....

Osseous and Joint Systems.....no.....Any other general condition.....no.....

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

First noticed deafness Dec 1917 previous to enlistment and condition has not become worse during service

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.

Nil

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 & 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.)

Nil

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

W.E. Jones Capt. C.A.M.C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned J. J. McMillan 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 Nil

J.J. MacMillan Rfn Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes we concur.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes~~ or No.)
(*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.)

yes B

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.)

Rtc Auth A.G. Telegram 3 of 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.

WITLEY CAMP, SURREY. 23.7 1919

PLACE.....

DATE.....

.....*President.*

} 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

Assistant Director of Medical Services.

DATE 23-9-19

APPROVED BY

Director-General of Medical Services.

DATE.....

A.D.M.S. HEADQUARTERS CANADIAN CORPS CAMP. 26 JUL 1919 WITLEY SECTION.

Statement of Evidence regarding the Wounding of Private MacMillan.

I was standing about ten paces from the scene of this ~~accident~~/ accident. A bomb, hidden in the grass, suddenly exploded and wounded this man, who was standing near by. No blame can be attached to any Person, it was purely accidental.

P. Peterson

.....Lieut.
No.1 Coy. Can. War Graves Detachment.

Certified that this Evidence was taken down in my presence at Maroc, France on May 28th, 1919.

.....T. Barnes.....Capt.
Commanding No.1 Coy. Can. War Graves Detachment.