

M. D. Depot Battalion Regiment

Regtl. No. 4060532

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

1. Surname Sonier.
2. Christian name Millidge
3. Present address Lakeburn, West. Co., NB.
4. Military Service Act letter and number
5. Date of birth Jan. 3rd, 1892.
6. Place of birth Alexandrina, Kent Co., NB.
7. Married, widower or single Single
8. Religion R.C.
9. Trade or calling Woodsman
10. Name of next-of-kin Melem Sonier
11. Relationship of next-of-kin Father
12. Address of next-of-kin Lakeburn, West. Co., NB.
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 St. John (b) Date May 11, 1918. (c) Category A2

DECLARATION OF RECRUIT

I, Millidge Sonier, do solemnly declare that the above particulars refer to me, and are true.

Millidge Sonier (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 25 yrs 5 mths.
Height 5 ft 6 1/2 ins.
Chest measurement fully expanded 36 ins.
range of expansion 33 ins.
Complexion Medium
Eyes Grey
Hair Brown
Distinctive marks, and marks indicating congenial peculiarities or previous disease. Nil

O. C. Depot Btl. New Brunswick Regiment. Regt.

Place St. John, NB. Date May 11th, 1918.

Deputant L. O. S. 11-11-17
D. 132 d/12.5.18.

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1	Rank	Private
2	Regimental Number	
3	Home Address	
4	Military Service Act Number and number	
5	Date of Birth	Jan. 2nd, 1892
6	Place of Birth	Alexandria, East Co., Va.
7	Married, widowed or single	Single
8	Religion	R.O.
9	Trade or calling	Woodman
10	Name of last employer	Colon Carter
11	Rel. Address of last employer	Bethesda
12	Address of next of kin	Washington, West Co., Va.
13	Whether a member of the Army Medical	No
14	Particulars of previous military or naval service	Nil
15	Medical Examination and Military Service Act	
(a) Place	St. John	
(b) Date	May 11, 1918	
(c) Category	AS	

DECLARATION OF RECRUIT

I, Willie Westley, do solemnly declare that the above particulars are true and are true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

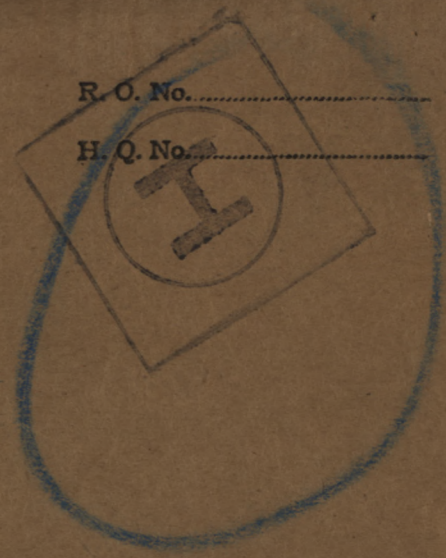
Age	25
Height	5' 8"
Complexion	Light
Build	Medium
Hair	Grey
Eyes	Brown
Stature	Medium
Complexion	Light
Build	Medium
Hair	Grey
Eyes	Brown

Deserter

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
legally absent



DISCHARGE DOCUMENTS



R. O. No.
H. Q. No.

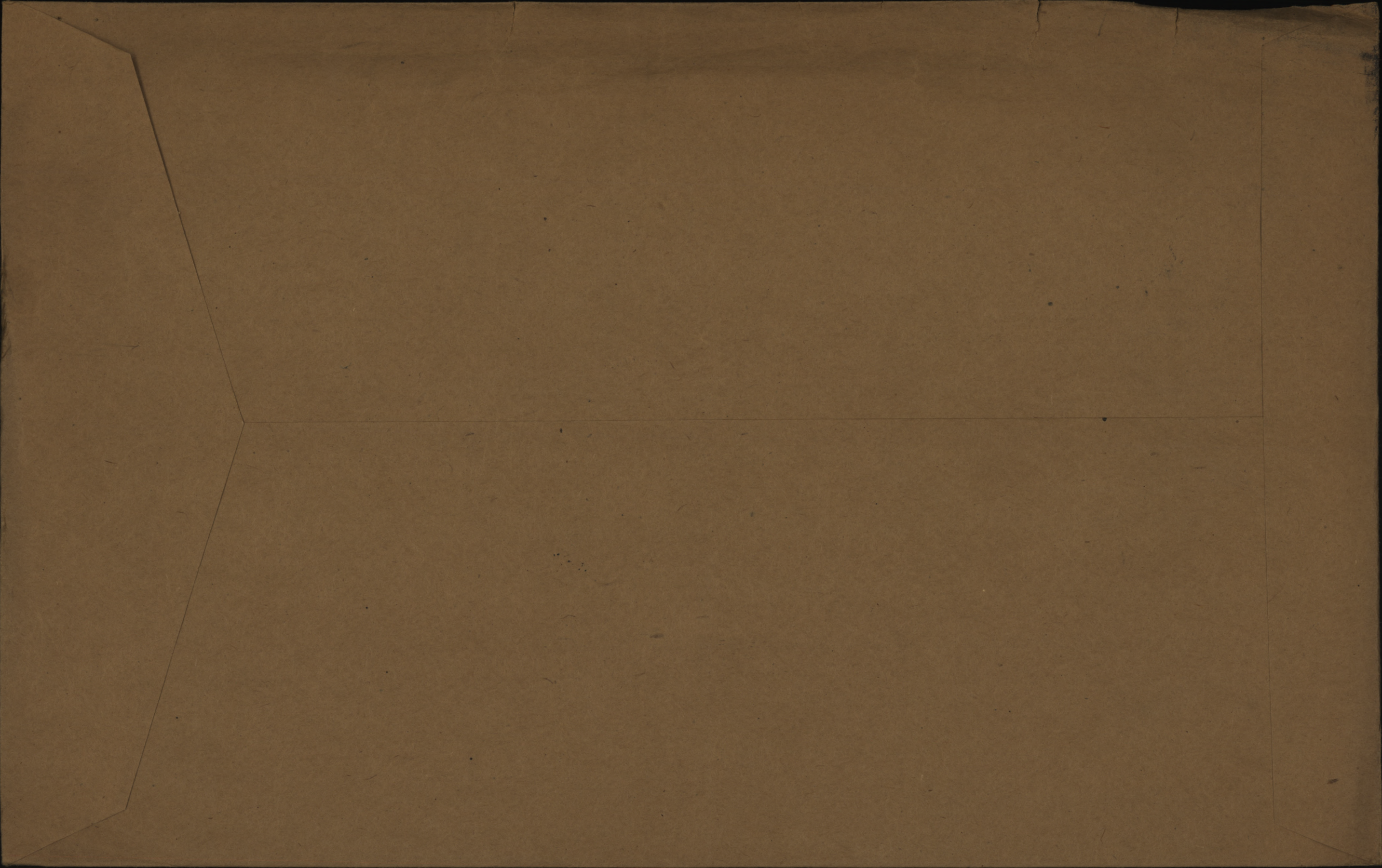
- Attestation Papers..... *32*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... *1*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... *1*

Name Sonier Millidge
 Regt. No. 4060532 Rank Pte
 Corps "C" Coy 1st Depot Pm 71 B Regt

33746



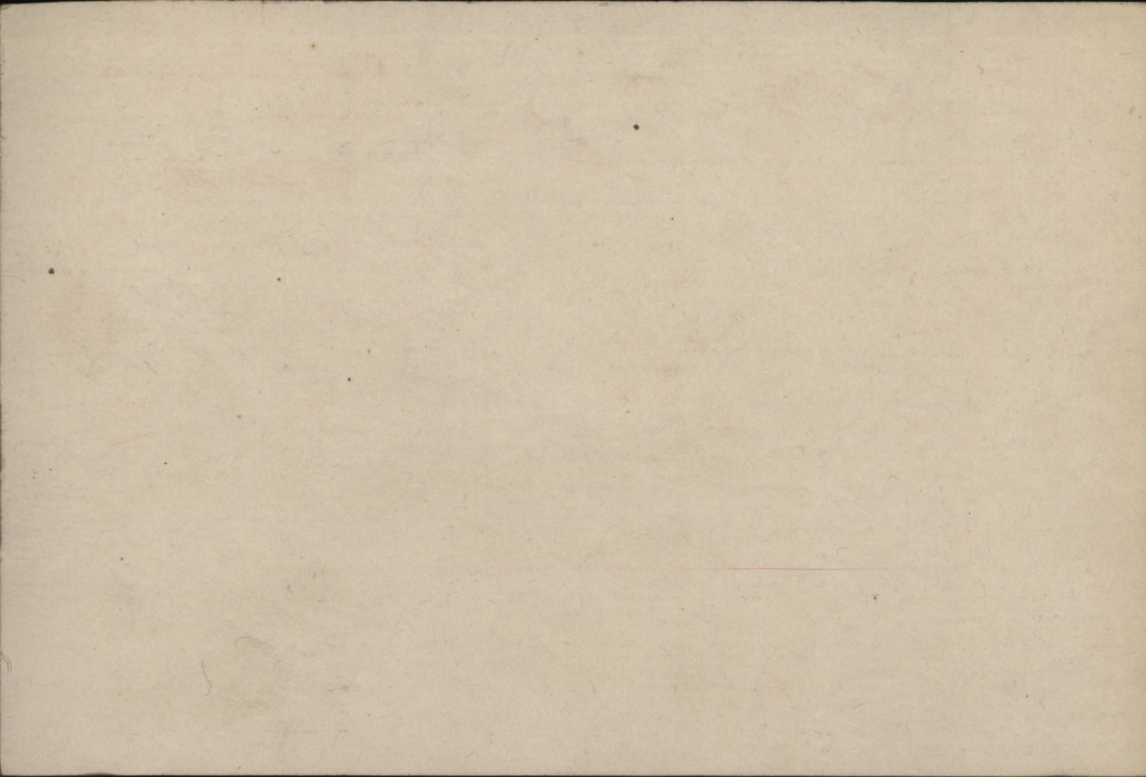
M + B 259-1
M + W 178-1
M + W 82-1



Surname Sonier H. Q.
Christian names Millidge M. D. No. 7
Regtl. No. 4060532 Rank Pte T. O. S. Nov. 11th 1917
Unit N. B. Regt 1st Depo Bn D. O. Pt. II 132 of
S. O. S. Dip. 3-7 1918 7
Reason I. A.
Auth. D. O. 275-92-10-18
49.13.R.

Next of kin Sonier Melem Relationship Father
Address Lakeburn, West Co. Also notify:
N. B.

BORN—Place Canada Alexandria ^{N. B.} Date Jan 3rd 1892
ATTESTED—Place St. John N. B. Date May 11th 1918
O/S R/C



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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

1st DEPOT BATTALION, N. B. REGIMENT.

Unit, Regiment or Corps

Regimental No. 4060532 Rank Private Name SONIER Millidge

C. E. F.

Enlisted ^{defaulted for 11-11-17} ~~(a) 11/5/18~~ Terms of Service (a) Duration of war Service reckons from (a) 11/5/18

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) Woods-man

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				
12-5-18	1/n B R	Iss posted "C" Coy 42"	St John N.B.	11-11-17	100.132
12-5-18	"	Awarded 1 hr Det. forfeits 182 days pay by R. W. also cost of apprehension for being D. W. L. fr. 11-11-17 till 11-5-18.	"	11-5-18	100.132
2-10-18	"	Declared by Coy. Mg. to have been Ill. absent since Tattoo 12-6-18 3-7-18 Iss. Forfeits 21 days pay CofG held 12-8-18	"	3-7-18	100.275 Amended by cap order 157 d/14-3-23

(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.

M.D. No. 7
No. 14

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130, and 141, Financial Instructions, 25715c, C. E. F., 1916.)

Regimental No. **4060532**.....Rank. **Private**.....Name. **Sonier, N.**
Corps. **1st. Depot. Batt. N. B. Regt** who was... **S.O.S. deserter**
On... **3/7/18**.....191...., to.....
X Insert "discharged" or "transferred"

The following is a statement of the account of the above named from
... **1/9/18**.....to... **30/9/18**.....the inclusive date of
transfer or discharge.

Dr.	Cr.
Bal. Dr from prev. month.....	Bal. Cr. from previous month..... 67.10
Advances	Reg'tl Pay. 30 days at \$1..
By Cheques 30.00
A. P. and S. A. No.....	Field Allowance, 25.10
A:W.L. Ffts. 21 days	50.75 30 days at \$ 1.70 3.00
Other Charges. Kit def.	
Mulet pay from 4/7/18 to 30/9/18	97.90 X Sep. Allice. Monthly.....
Paym't on transfer or Discharge, No.....	X. Other Allices.....
Balance Cr. to be paid by New Unit.....	X. Other Credits.....
	Bal. Dr. (to be deducted by New Unit,..... 71.65
Total..... 171.75	Total..... 171.75

X Give particulars

A monthly stoppage of \$..... X has..... XX been paid on account
Ass. Pay for the month of..... 191.. to (Assignee).....
& Sep. Allice for month of..... 191.. **NIL**
(Address).....
X Insert amount to be assigned, whether it has been paid or not.
XX Insert "not" if amount has not been paid for period of account

ON TRANSFER OF AN OFFICER

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:- State, (1) date of enlistment... **11/11/17**.....
(2) If married, and if S. A. card has been submitted.....
(3) Cause of discharge... **Deserter**..... Authority. **D.O. 275**.....
(4) Authority for transfer.....
NOTE:- S. A. & A. P. Card and 71 are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the Unit.

DATE. **Oct. 28th, 1918**... PLACE... **St. John, N. B.**..... *W. G. Sweeney*..... **Captain.**

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

By Military Authority

1. Surname Sommer Christian name Millidge

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

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

4. Address (including street and number, if any)..... Lakeburn, Westwood Co.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11 day of May, 1917, by the undersigned medical board sitting at St John's N.B.

5. Age as stated 25 Years 5 Months. 6. Apparent age 25 Years 5 Months

7. Height 5 Feet 6 1/2 Inches. 8. Weight 130 Pounds.

9. Chest measurement { Minimum 33 Ins. 10. Complexion med. { Eyes Gray
Maximum 36 Ins. Hair Red

11. Physical development Good. { Good Fair Poor 12. Smallpox marks.....

13. Number of vaccination marks { Right arm 0 14. When vaccinated last.....
Left arm 0

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

16. Slight defects but not sufficient to cause rejection Infective Throat

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

17. (a) Vision R. D 20 D. 20 L. normal
(b) Hearing. R. L.

R. G. Clegg Member. J. H. Monaghan President. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>13/5/18</u>		<u>T. B. Inoculation M.O.</u>	<u>13/5/18</u>		<u>T. B. Inoculation M.O.</u>
		M.O.			M.O.
		M.O.			M.O.

Joined 11 day of May, 1917 at St John's N.B.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot N.B. Res</u>	<u>4066532</u>		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

Signature of Man

FORM OF WILL

I, Millidge Sonier (Name in full)

Regimental Number 4060532 serving in 181

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

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

absolutely, and my personal estate I bequeath to

Miss Annie Sonier,
Lakeburn,
West. Co., NB.
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 16 day of May A.D. 1918

This must be signed and Dated by THE SOLDIER HIMSELF.

Millidge Sonier Signature of Soldier.

*N.B. Personal estate includes p-y, 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.

Signature of First Witness W. J. Jones
Address of Witness Moncton, NB

THE TWO WITNESSES

Occupation of Witness Clerk

MUST SIGN HERE

Signature of Second Witness G. A. Blum

Address of Witness St John NB

Occupation of Witness Deputy

FORM OF WILL

I, John Doe, of the County of York and State of Ontario, do hereby certify that this is my last will and testament, and I declare this to be my last will.

Name and Address of person to whom I wish my property to go

Name and Address of person to whom I wish my property to go

John Doe, Esq.

NOTE: This form for the appointment of executor is not necessary.

IMPORTANT NOTE: This must be signed and dated by the testator.

Witnessed and attested by the testator, the date hereof, and in the presence of two or more persons, of the number of whom one or more, at his request, and in the presence of the other, have subscribed our names as witnesses.

Signature of Testator

Address of Witness

THE TWO

Occupation of Witness

NOTE

Signature of Second Witness

SIGNATURE

Address of Witness

Occupation of Witness

1911