

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Miller*
- 1a. What are your Christian names?..... *Archibald*
- 1b. What is your present address?..... *Flora Ont Canada*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Alma Ont Canada*
- 3. What is the name of your next-of-kin?..... *same name Miller*
- 4. What is the address of your next-of-kin?..... *Flora Ont. Canada*
- 4a. What is the relationship of your next-of-kin?..... *brother*
- 5. What is the date of your birth?..... *(June) June 27. 1898*
- 6. What is your Trade or Calling?..... *upholsterer*
- 7. Are you married?..... *No.*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *No*
- 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?..... *No*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *No*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Archibald 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.

Date..... *April 3* 1916. *A. Miller* (Signature of Recruit)
J. R. Cooman (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Archibald 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.

Date..... *April 3* 1916. *A. Miller* (Signature of Recruit)
J. R. Cooman (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.

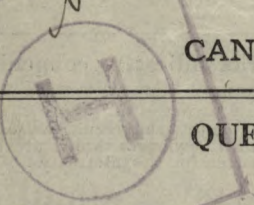
The above questions were then read to the Recruit in my presence.

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 *Flora* this *3rd* day of *April* 1916.

John R. Wister (Signature of Justice)

*Apr. 15/1916
Card
H.W.*



Description of Archibald Miller on Enlistment.

Apparent Age.....18.....years 9.....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. 5 ins.

Scar from Appendectomy

Chest measurement. { Girth when fully expanded.....34 ins.
 Range of expansion.....4 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Fair

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

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.....Apr 3 1916

J. G. Kerr

Place.....Elma Ont

Elma

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.

Archibald 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.

Date.....April 3rd 1916
J. J. Cairns, M. Col. (Signature of Officer)
153rd. Bn. C. E. F.

ATTESTATION PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

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(ANSWERS.)

- 1. What is your surname?..... *Miller*
- 1a. What are your Christian names?..... *Archibald*
- 1b. What is your present address?..... *Flora Out Canada*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Alma Out Canada*
- 3. What is the name of your next-of-kin?..... *Arthur Andrew Miller*
- 4. What is the address of your next-of-kin?..... *Flora Out Canada*
- 4a. What is the relationship of your next-of-kin?..... *mother*
- 5. What is the date of your birth?..... *June 27 1898*
- 6. What is your Trade or Calling?..... *Letter carrier*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *No*
- 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*

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H. Goodman (Signature of Witness)

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before me, at *Flora* this *3rd* day of *April* 1916.
John R. Wisler (Signature of Justice)

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(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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(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. 5 ins.

Scar from Appendicectomy

Chest measurement. { Girth when fully expanded.....34 ins.
 Range of expansion.....4 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Fair

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

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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.....Apr 3 1916..... W. A. Kerr

Place.....Flora, Ont..... Flora

Medical Officer.

*Insert here 'fit' or 'unfit.'

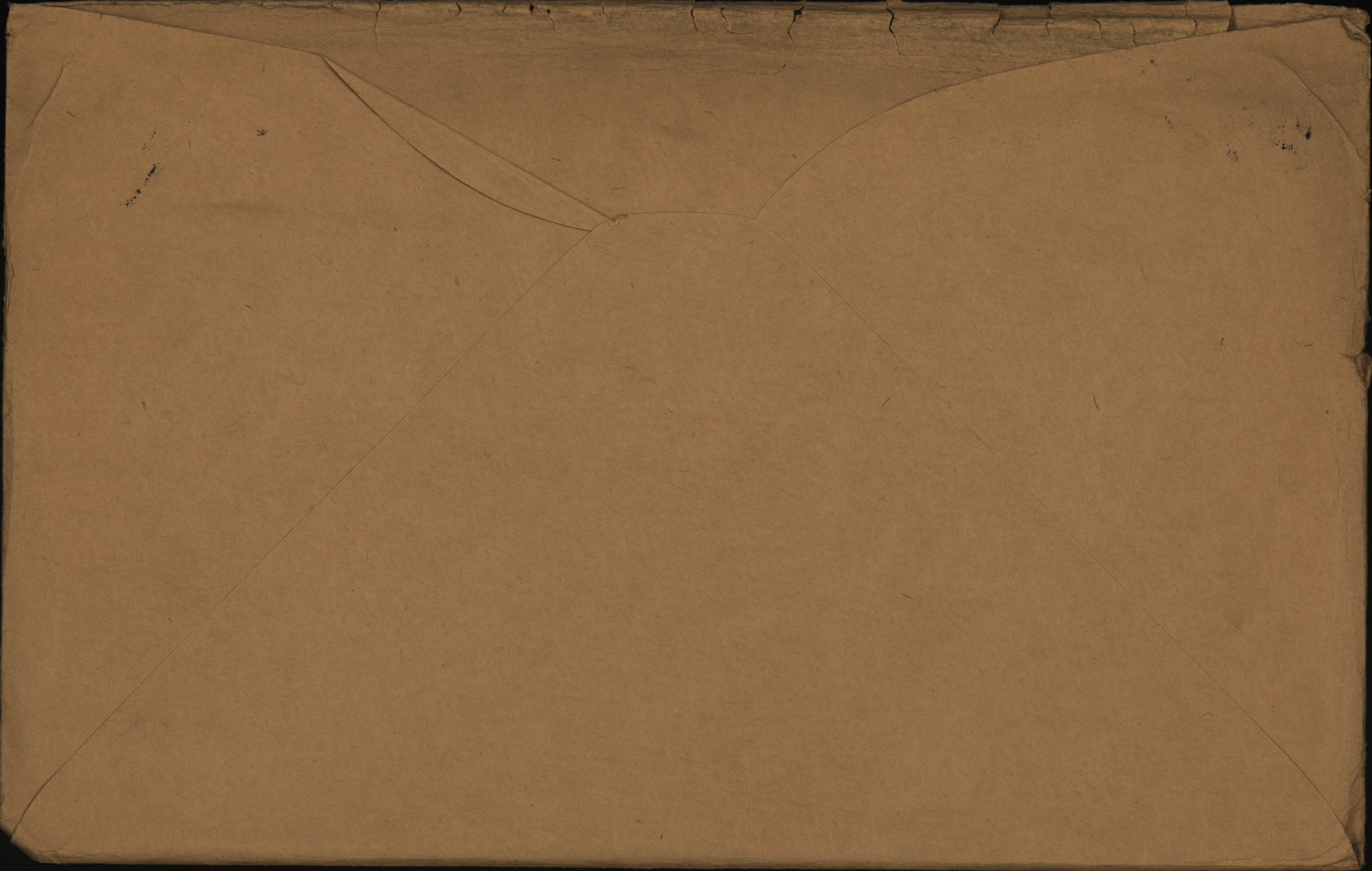
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Archibald Miller.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

.....W. A. Kerr..... (Signature of Officer)

Date.....April 3rd 1916..... for P. C. 153rd Bn C. E. F.



SURNAME.

Miller

CARD NO.

CHRISTIAN NAMES

Archibald

FOLL.

REGL. NO.

928769

RANK

Pfc.

UNIT

153rd

Batt.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Miller, Mrs. Anne.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Clora Ont.

COUNTRY OF BIRTH

Canada, Alma Ont.

DATE

June, 27th 1895.

PLACE OF ATTESTATION

Clora Ont.

DATE

Apr. 3rd, 1916.

0/829-4-17 810/12

~~From Haljagerss~~ "Olympic" 29-4-17

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Upholsterer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

18

YEARS

9

MONTHS

HEIGHT

5'

FEET

5'

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

4

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Fair

DISTINGUISHING MARKS

Scar from Appendicectomy

MEDICAL EXAMINATION.

PLACE

Clora Ont.

DATE

Apr. 3rd 1916.

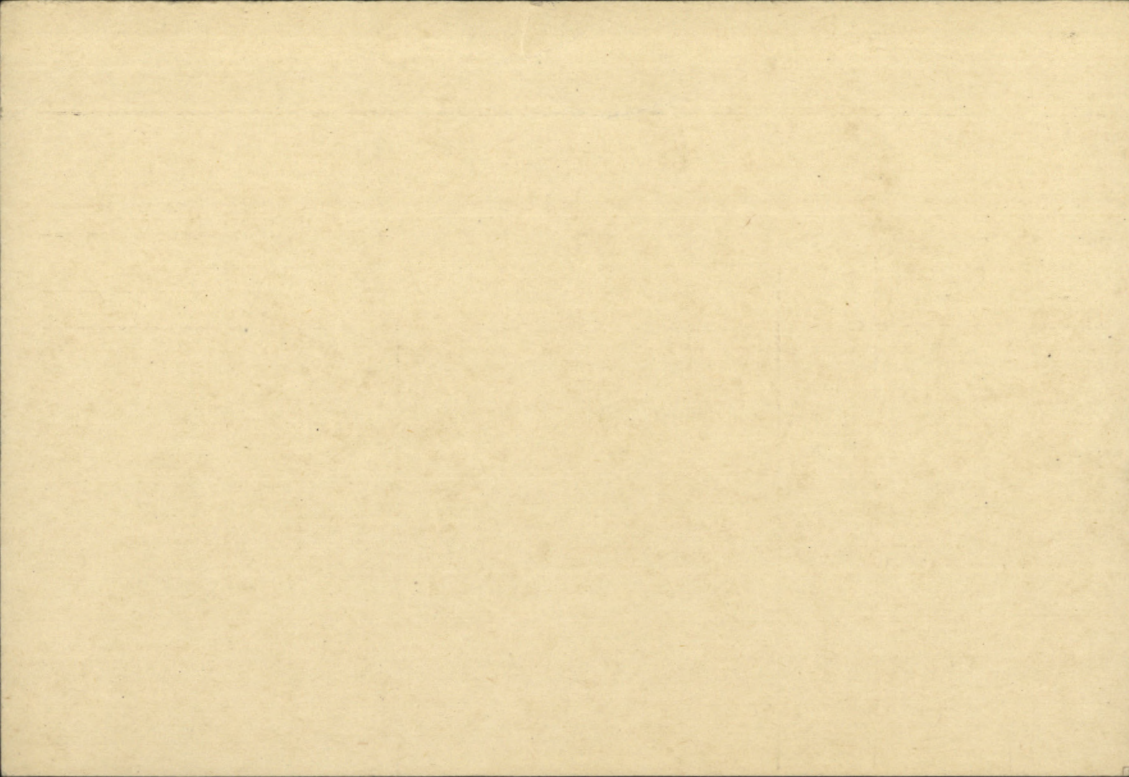
No. 928769 RANK *Plt.*

NAME *Miller A.*

T. O. S. 3-4-16, UNIT *16-3rd Battalion C. E. 7.*
S.O. 84 of 5-4-16

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Apr. 3</i>	<i>1916</i> <i>Apr. 30</i>	<i>h.</i>		
	<i>May</i>	<input checked="" type="checkbox"/>		
	<i>June</i>	<input checked="" type="checkbox"/>		
	<i>July</i>	<input checked="" type="checkbox"/>		
	<i>Aug.</i>	<input checked="" type="checkbox"/>		
	<i>Sept.</i>	<input checked="" type="checkbox"/>		
	<i>Oct.</i>	<input checked="" type="checkbox"/>		
	<i>Nov.</i>	<input checked="" type="checkbox"/>		
	<i>Dec.</i>	<input checked="" type="checkbox"/>		
<i>Jan. 1</i>	<i>1917</i> <i>Jan. 31</i>	<input checked="" type="checkbox"/>	<i>168 hrs. det. sleeping while on duty.</i>	<i>S.O. 257 of 2-11-16</i>
	<i>Feb.</i>	<input checked="" type="checkbox"/>		
	<i>Mar.</i>	<input checked="" type="checkbox"/>	<i>ad. L. 70 cents 7 days pay</i>	<i>Mar. pay list</i>
	<i>Apr.</i>	<input checked="" type="checkbox"/>		



MIPLER, A. (Pte) #928769, 1st Bn.

649-M-37050.

MEDALS & DECORATIONS.

(Mother)

Mrs. A. Miller,

17 Brant St.,
Stratford, Ont.

Me.

Scroll Desc

OCT 25

Regn. No.

253465

NOV 30 1921

PLAQUES & SCROLLS.

(Mother)

Mrs. A. Miller,

Address as above.

P18723

Dev. # 757810

MEMORIAL CROSS.

(Mother)

Mrs. A. Miller,

Address as above.

*not elig. for star.
" " V.M.
mf. " B.W.M.*

52346

B.

1148

M

49191 APR -6 1921

encl
B

B

928769

Number. Rank. Pte

Surname. MILLER

V

Christian Name. Archibald

Units. 1st Bn Ban Inf Theatre of War. France

Date of Service. 5-14-18

D

Remarks.

Latest Address. Mrs. A. Miller, (Mother)
17 Brant St, Stratford.

Roll No. Page 5595

Out 9

DESP. JUN 25 1923
REGN. NO. 3006

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

M. D.

T. O. S. UNIT

No. RANK NAME

NAME

Miller Archibald

REGT'L No.

928769

RANK AND CORPS

Pte 1st Bn form. 153rd Bn.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

NK

Mrs. Anne Miller (mother)
Elora Ont.H2 96
364

9-9-18

Adm. 45 C. C. S. Aug. 31st/18.
GSR. Abdomed.H302
83-5
HL a31041

11-9-18

9-9-18

D. of W. 45 C. C. S. Sept. 5th 1918.

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a 307⁽¹⁾

45 Cas. Elg. Stu

3-8-18

Gst. Abdomen

FORM OF WILL.

I, Archibald Miller (Name in full)
Regimental Number 928769 serving in 153 Bn. C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

(This section is crossed out with a diagonal line)

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

absolutely, and my personal estate I bequeath to

Annie Miller
Stratford
17 Brant St. Ont.

Name and Address of person or persons to receive personal estate* (See note).

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

this seventeenth day of November A. D. 191

Archibald Miller 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 E. H. E. Veris

Address of Witness 153 Bn. C.E.F.

Occupation of Witness Corporal

Signature of Second Witness O. Mickle

Address of Witness 153rd Bn CEF

Occupation of Witness Lieut

FORM OF WILL

I, _____ of the _____
do hereby make and declare this to be my last Will
and bequeath all my real estate unto _____

Name and Address
of person or
persons to whom
I bequeath

Name and Address
of person or
persons to receive
personal estate

Signature of Soldier

IMPRINT
NOTE
This form is issued
by the Government
of Canada

This form is issued by the Government of Canada
and is not to be used for any other purpose

Witnessed and acknowledged by the Testator and by the witnesses
in the presence of the witnesses and in the presence of the Testator
the presence of each of the witnesses and of the Testator

Signature of witnesses
Occupation of witnesses

ORIGINAL

928769

ORIGINAL

Address on Discharge

MEDICAL HISTORY SHEET.

Surname Miller Christian Name Archibald

Examined { on 3 day of Apr 1916 Approved by W.A. [Signature]
 at Flora Rank Capt. [Signature] M.O.

Birthplace { City or Town Alma
 County Wellington

Apparent age 18

Trade or occupation upholsterer

Height 5 Feet 4 Inches. M.O.

Weight 125 Lbs. M.O.

Chest measurement { Minimum 30 inches. M.O.
 Maximum expansion 34 inches. M.O.

Physical development Well developed. M.O.

Small-Pox Marks no M.O.

Vaccination Marks { Arm Right no Left no
 Number none

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.

Date.	Result.	VACCINATIONS.
26-5-16		AP Perry Capt M.O.
9/1/17		AP Perry M.O.
7/13/17	8.6.17	AP Perry M.O.
2	15.6.17	

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
26-5-16	Good	AP Perry Capt M.O.
30/10/16	"	AP Perry M.O.
9/11/16	"	AP Perry M.O.

Enlisted on 3rd day of April 1916 at Flora, Ont

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>153rd Bn</u>	<u>928769</u>		<u>3/4/1916</u>
Transferred to	<u>25th RESERVE BATTALION C.E.F.</u> <u>4th CAN. RES. BATTALION.</u> <u>1st Bn</u>			<u>7 MAY 1917</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>St Thomas Ont</u>	<u>2/1/17</u>	<u>Med Board</u>	<u>found fit</u>
			<u>D. Allison Capt. Amc</u> <u>Pres. Med Board</u>

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.

R.F.U. 15
L.F.U. 20

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps 15^{3rd} Battalion, C.E.F. to West Ind Reg

Regimental No. 928769 Rank Pte. Name Archibald Miller

Enlisted (a) 3-4-16 Terms of Service (a) C.E.F. Duration of war Service reckons from (a) 3-4-16

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) Upholsterer

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				
		Embarked Canada	Halifax	28/4/17	T.M.C. Olympic
		Disembarked England	Liverpool	7/5/17	✓
		Entered Segregation Camp	Bramshott	7/5/17	Geo & Collier left camp by Segregation Camp Bramshott
8-6-17	25th. Res.	Taken on strength ✓	Bramshott	7-5-17	Part II D.O.154.
15.2.18	25th Res	Struck off strength on transfer to 4th C.M. Battalion Res. Battalion. ✓	Bramshott	15.2.18	Part II D.O.154. No. 39.
15-2-18	C.C.4th. Res. Bn.	Taken on strength 4th. Res. Bn. ✓	Bramshott	15-2-18	Pt. 2. Order No. 39.

(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, e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

CERTIFIED CORRECT.

18 APR 1918

CAN. RES. BATTN. LONDON.

Report Date	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.
April 4-18	O.C. 4th. Res. Battn	Having proceeded overseas to the 1st. Battalion S.O.S. 4th Can. Res. Battn.	Bramshott	4-4-18	Part 2 Orders No 81
					Lieut. <i>[Signature]</i> Adjt. for O.C. 4th. Can. Res. Battn
	C. B. D.	ARRIVED C. B. D.	FRANCE	5/4/18	N. R. D. 5/4/18 PART 2 ORDER No 37 D 11/4/18
	C. B. D.	LEFT C. B. D. FOR	66RB	7/4/18	N. R. D. 7/4/18
	O. G. BN	ARRIVED 66RB BN.	FIELD	7/4/18	B. 213 D 7/4/18
27. 1. 18	CC taken	JOINED UNIT	do.	20. 1. 18	B 213
31. 8. 18	1/5 C.C.L.	Glw abdomen adm	1/5 C.C.L.	31. 8. 18	1/3508.
1. 9. 18	1/2 London A	" "	CC	31. 8. 18	1/3790.
1. 9. 18	1/5 C.C.L.	" adm	1/5 C.C.L.	31. 8. 18	1/4862.
5. 9. 18	1/5 C.C.L.	Dead of Wounds received in action	1/5 C.C.L.	5. 9. 18.	1/5479. to 1/85 d. 8. 9. 18.

[Signature]
Lieut
for the adjt.

DL.

Rank

Name **MILLER Archibald.**

Reg'l No. 928769.

Unit **153rd Bn to 1st Bn Ont. Regt.**

If in perm. Corps,
What Unit?

Married or Single **Single.**

Place and Date of Enlistment **Elora Apr. 3rd. 1916.**

Place of Birth **Alena Ont Cana**

Name and Address, Next-of-Kin **Mrs Anne Miller.**

Elora.Ont. Canada,

Relationship **Mother,**

Assigned Pay Monthly \$

Payable to

Relationship

N/E. R.B. No.	4413
File R.L.	25M7628 18-9-18
Category	W.W.

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

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.

ARRIVED IN ENGLAND 7 5 17 SS OLYMPIC.

2.6.17 25 RES. TOS FROM Canada B. shott 7-5-17 PT. II. 154

15/2.18 25 Res S.O.S. To 4. Res BN, B. shott 15.2.18 DO, 38&4 Res DO39

5.4.18 4. Res Posted to 1st Bn O/B Pa 4.4.18 — 81, 1st Bn 37d/11.4.18

5.9.18 WOR (1) WOUNDED *file* 318.18 CLA 307.

11 9 18 WOR (1) Died of Wounds *to H.S.C.C.S.* 5-9-18 310

8-9-18 1st Bn. Died of Wounds rec'd in Action Field 5-9-18 H 085

wo

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 7
(Assignee)*Mr Annie Miller*

PAYMENTS.

Name of Soldier

Miller A
153 Beth

L. L. Job 5470—Req. 6888.

Rte 928767
*1500*Remarks *MAY 1 - 1917*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		<i>Z 14321</i>	<i>15</i>	<i>lu</i>
June		<i>O 16854</i>	<i>15</i>	<i>lu</i>
July		<i>X 23206</i>	<i>15</i>	<i>lu</i>
Aug.		<i>L 31104</i>	<i>15</i>	
Sept.		<i>L 38386</i>	<i>15</i>	<i>lu</i>
Oct.		<i>B 44416</i>	<i>15</i>	
Nov.		<i>M 50423</i>	<i>15</i>	
Dec.		<i>L 60432</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

120

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.				

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

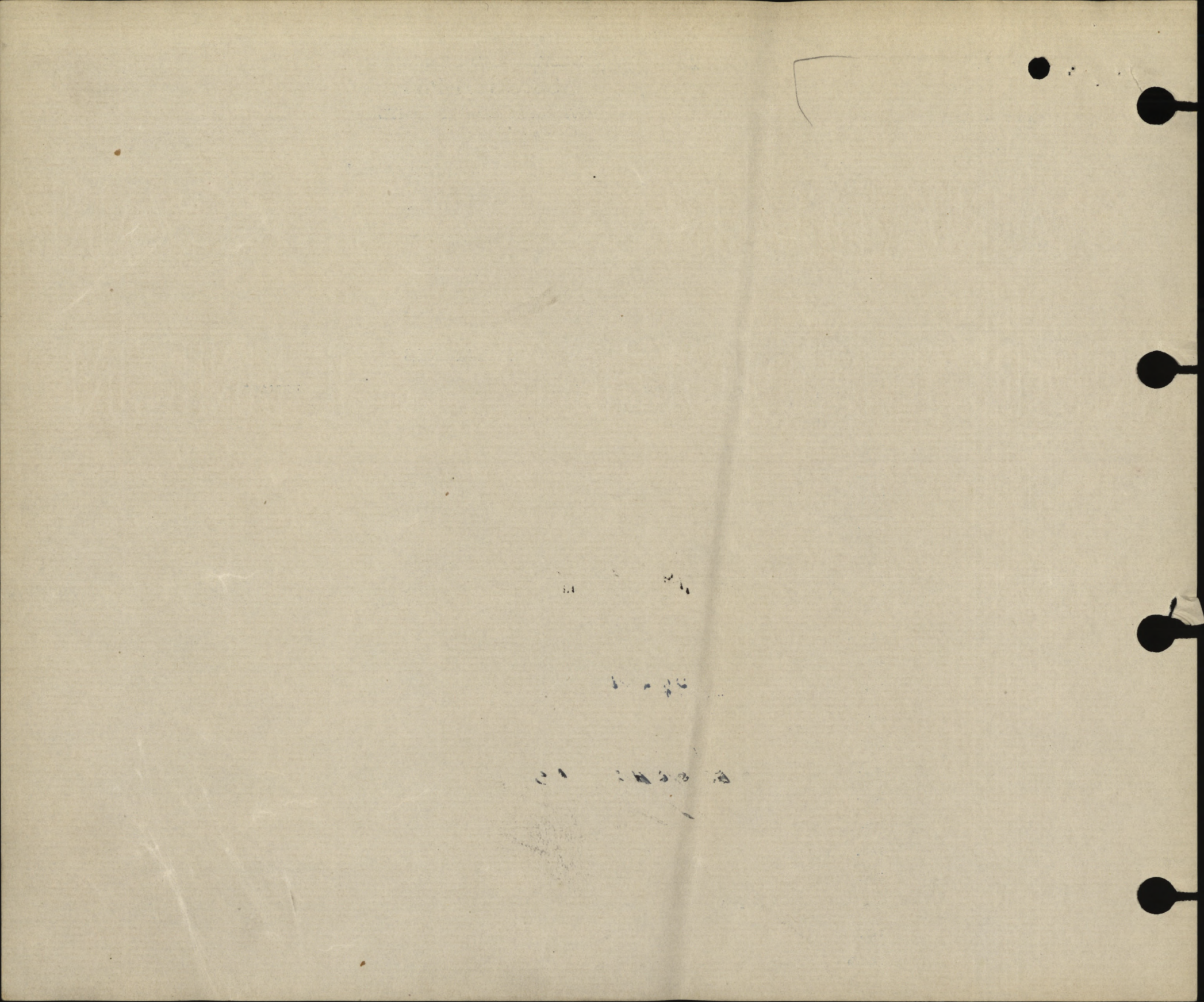
M. F. W. 12.
 25m-4-17.
 H. Q. 1772-39-819.

To Whom Mr Amie Miller By Whom Assigned Miller A
 Address 17 Brant St Regtl. No. 928769
Stratford Ont Rank Pte
 Rate 15.00 Corps 153 Battr
 MAY 1- 1917

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
SEPARATION ALLOWANCE

M. F. W. 11a.
 50m.-4-16.
 1772-39-818.

Sheet No. 2.

Anne Miller

Wife

Name of Soldier

Miller, Archibald

L. L. Job 310.—Req. 6574.

PAYMENTS.

Pte

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		<i>W 2912</i>	<i>58</i>	<i>58</i>
June		<i>Z 2806</i>	<i>20</i>	<i>20</i>
July		<i>W 10555</i>	<i>20</i>	<i>20</i>
Aug.		<i>H 12604</i>	<i>20</i>	<i>20</i>
Sept.		<i>X 16587</i>	<i>20</i>	<i>20</i>
Oct.		<i>D 19100</i>	<i>20</i>	<i>20</i>
Nov. <i>21</i>	<i>H.Q.</i>	<i>J 21813</i>	<i>20</i>	<i>20 17 Brant St. Stratford Ont.</i>
Dec.		<i>J 25755</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>T 29685</i>	<i>20</i>	<i>20</i>
Feb.		<i>T 32593</i>	<i>20</i>	<i>20</i>
March		<i>T 35790</i>	<i>20</i>	<i>20</i>
April		<i>T 1774</i>	<i>20</i>	<i>20</i>
May		<i>T 4956</i>	<i>20</i>	<i>20</i>
June		<i>T 9491</i>	<i>20</i>	<i>20</i>
July		<i>T 11758</i>	<i>20</i>	
Aug.		<i>6 15726</i>	<i>20</i>	<i>m</i>
Sept.		<i>J 18126</i>	<i>20</i>	<i>T</i>
Oct.		<i>R 21167</i>	<i>20</i>	<i>T</i>
Nov.		<i>A 14282</i>	<i>20</i>	<i>m</i>
Dec.		<i>Q 27559</i>	<i>20</i>	<i>Pa</i>
Jan.	1918		<u><u>438</u></u>	
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.		1920		
Dec.				
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

SEPARATION ALLOWANCE

Name *Anne Miller*Name of Soldier *Miller, Archibald*

Address

*Clara 17 Brant St.*Regtl. No. *928 46 9*Rank *Pte*Corps *153 Batt*

Relation to Soldier

wife, child or mother

} *Wife*

To what Corps belonging

when called out

PAYMENTS

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



20

General

1911

OS.

1911

66
988

Register No. DM 1389

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 012841. 9. 88

Regt'l No. 928769 Name Archibald Miller
(Christian Name) (Surname)
Unit 1st Bn. Rank Pvt. Date of enlistment.....
Date of casualty 5. 9. 18 B.P.C. File No. 500 39
Was service performed overseas? Yes

DÉPENDENT

Name Mrs. Annie Miller Relationship Widowed Mother
Address 18 Brant St.
Stratford
Ont.

Amount of Special Pension Bonus \$ Nil Abstracted by A. Quinn

Eligible for Gratuity \$ 180
Less amount of Special Pension Bonus paid..... \$
Less Debit Balance of S. A. or A.P..... \$
Total deductions \$
Balance due \$ 180.

Cheque No. 9-1902746 Date issued 11-9-20

REMARKS: Pension granted 1.10.18 paid
to 31.10.18 @ \$40 cancelled as S.A.
was being paid on surviving son's acct.
Re-instated 1.9.20 @ \$30.

Clerk Att. Nicol

Audited by
John Howes
Date 10.9.20

205
25-

M.F.W. 2652
25M-6-20.
H.Q. 1773-89-1473

* Strike out whichever inapplicable.

ASSIGNED, PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:- 1/5/17		EFFECTIVE DATE:-	
AMOUNT:- 15 ⁰⁰		AMOUNT:-	

NAME:- *MILLER Archibald*
NUMBER:- *928769*

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.
<i>Anna Miller (Mother) 17 Brant St Stratford Ont</i>	
<i>Stopped eff 1/10/18 YH</i>	

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Plt</i>

UNIT AND TRANSFERS			
ORIGINAL UNIT:- <i>153 Bn</i>			
DATE ACCOUNT FIRST OPENED:- <i>1-5-17</i>			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
			<i>WORLD</i>
	<i>1-4-18</i>	<i>25-4-18</i>	<i>1 Bn</i>
<i>L.P.C.</i>	<i>1/10/18</i>	<i>22/10/18</i>	<i>B.N.E.</i>
	<i>1/4/19</i>	<i>10/4/19</i>	<i>Regd Sect</i>

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

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Lied of Wounds 5/9/18 LPA 310 9/9/18*

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Mar 31</i>	<i>Bal B.F.</i>								<i>18 84</i>		
<i>Apr 30</i>	<i>P.P.</i>	<i>33</i>	<i>-</i>	<i>Can a.P.</i>				<i>15</i>			
				<i>AR 005. 6. 1.4.18 4Res.</i>	<i>80</i>						
				<i>AR 157. 20.4.18 166RB.</i>	<i>3 57</i>						
				<i>✓ 128. 29.4.18 1st Bn</i>	<i>3 57</i>						
				<i>RM 18. 6.4.18 4Res.</i>	<i>4 87</i>				<i>24 03</i>		
<i>May 31</i>	<i>P.P.</i>	<i>33</i>	<i>-</i>	<i>Can a.P.</i>	<i>12 81</i>			<i>15</i>			
		<i>34</i>	<i>10</i>	<i>AR 175. 7.5.18 1 Bn</i>	<i>4 46</i>						
				<i>✓ 246. 18.5.18 ✓</i>	<i>3 57</i>				<i>35 10</i>		
<i>June 30</i>	<i>P.P.</i>	<i>34</i>	<i>10</i>	<i>Can a.P.</i>	<i>8 03</i>			<i>15</i>			
		<i>33</i>	<i>-</i>	<i>✓ 322 4.6.18 1 Bn</i>	<i>4 46</i>						
				<i>✓ 444. 17.6.18 ✓</i>	<i>3 57</i>				<i>45 07</i>		
<i>July 31</i>	<i>P.P.</i>	<i>33</i>	<i>-</i>	<i>Can a.P.</i>	<i>8 03</i>			<i>15</i>			
		<i>34</i>	<i>10</i>	<i>AR 81. 2.7.18 1 Bn</i>	<i>3 57</i>						
				<i>✓ 212. 21.7.18 ✓</i>	<i>4 46</i>				<i>56 14</i>		
<i>Aug 31</i>	<i>P.P.</i>	<i>34</i>	<i>10</i>	<i>Can a.P.</i>	<i>8 03</i>			<i>15</i>			
		<i>33</i>	<i>-</i>	<i>AR 368. 22-8-18 ✓</i>	<i>1 78</i>				<i>73 46</i>		
<i>Sept 30</i>	<i>P.P.</i>	<i>34</i>	<i>10</i>	<i>Can a.P.</i>	<i>1 78</i>			<i>15</i>	<i>91 46</i>		
		<i>33</i>	<i>-</i>					<i>15</i>			
<i>Nov</i>				<i>Dr. 6095 cred to Can. 9/1/18</i>	<i>91 46</i>						

*Compiled 26-2-19 A.L.H.
L.P.B. Bal 91.46*

Date of Enlistment

3-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

M

16050

Date of Assignment

May 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00		
	1-12-17		
	P.O. 3257		

RATE OF ASSIGNMENT

15.			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 928769
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *A. Miller.*
 Battalion *153rd. Battn.*
 Beneficiary *Anne Miller*
 Relationship *Wife Mother with File 012841-a-88. JMM*
 Address *OK*

PARTICULARS OF ASSIGNMENT

Name *Mrs. Annie Miller.*
 Address *17 Brant St. Stratford. Ont.*
 Change of Address
 1
 2
 3
 4

5/29/18

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
Dec 31		438	120	558
Jan	8466173	30	15	45
Feb	K 75430	25	15	40
Mar	O 94875	25	15	40
April	M 10057	25	15	40
May	R 13938	25	15	40
June	L 26094	25	15	40
July	H 27679	25	15	40
Aug.	P 36882	25	15	40
Sept.	S 48201	25	15	40
		668	255	923
March of 1918	12362	5		5

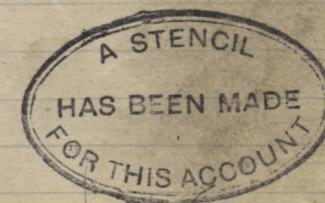
012841-a-88 REMARKS

KILLED IN ACTION
DIED OF WOUNDS } DATE *Sept. 5th 1918*
 C. L. No. *300* DATE *13th Sept.*
 M. R. O. *7379* TO DESTROY RENDERED *1919-18*
 B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE
467-M-4
 CLERK *JCB.* DATE *19-9-18.*

Acct. closed 30-9-18.

(2) A.C.O. 15440 to adpt S/A for Sept-out P.O. 2753
Upt 24-3-19 JMM mailed 28-3-19 JMM

M. F. W. 128
 400M-6-17-1772-38-1141
 L. L. 22220-M. & D. 71882.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128
 40001-6-17-1772-39-141
 L. L. 22320-M. & D. 1583.