

Dooy

ATTESTATION PAPER.

Original
TRIPLICATE
No. 132705

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... *Hector Miller*
2. In what Town, Township or Parish, and in what Country were you born?..... *Bernewick*
3. What is the name of your next-of-kin?..... *William A. (Father)*
4. What is the address of your next-of-kin?..... *Bernewick*
5. What is the date of your birth?..... *16th June 1897*
6. What is your Trade or Calling?..... *Apprentice Mason*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military Force?..... *42nd Lanarkshire*
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*

Supplement Address
18/9

Hector Miller (Signature of Man.)
Curry (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Hector Miller*, 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.

Hector Miller (Signature of Recruit)

Date *25th Sept 1915* *Curry* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Hector 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.

Hector Miller (Signature of Recruit)

Date *25th Sept 1915* *Curry* (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 applied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Wombret* this *27th* day of *Sept* 191*5*.

Wombret *Hector Miller* (Signature of Justice)

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

Wombret Lieut.-Col. (Approving Officer)
O.C. 73rd (Overseas) Bn. Royal Highlanders of Canada, C.E.F.

Description of Miller Hector on Enlistment.

Apparent Age 18 years 4 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. 4 ins.

Chest measurement: (Girth when fully expanded) 33 ins.
 Range of expansion 2 ins.

Complexion 511

Eyes Blue

Hair Blue

Religious denominations:
 Church of England
 Presbyterian
~~Wesleyan~~ Methodist
 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 25th Sept 191 5

Place MONTREAL

H. S. Foster
 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.

H. Miller

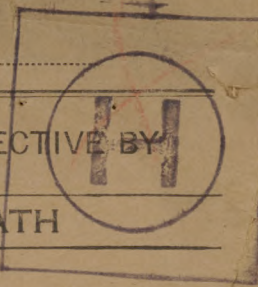
.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

P. D. ... Lieut.-Col. (Signature of Officer)
 O.C. 73rd (Overseas) Bn. Royal Highlanders of Canada, C.E.F.

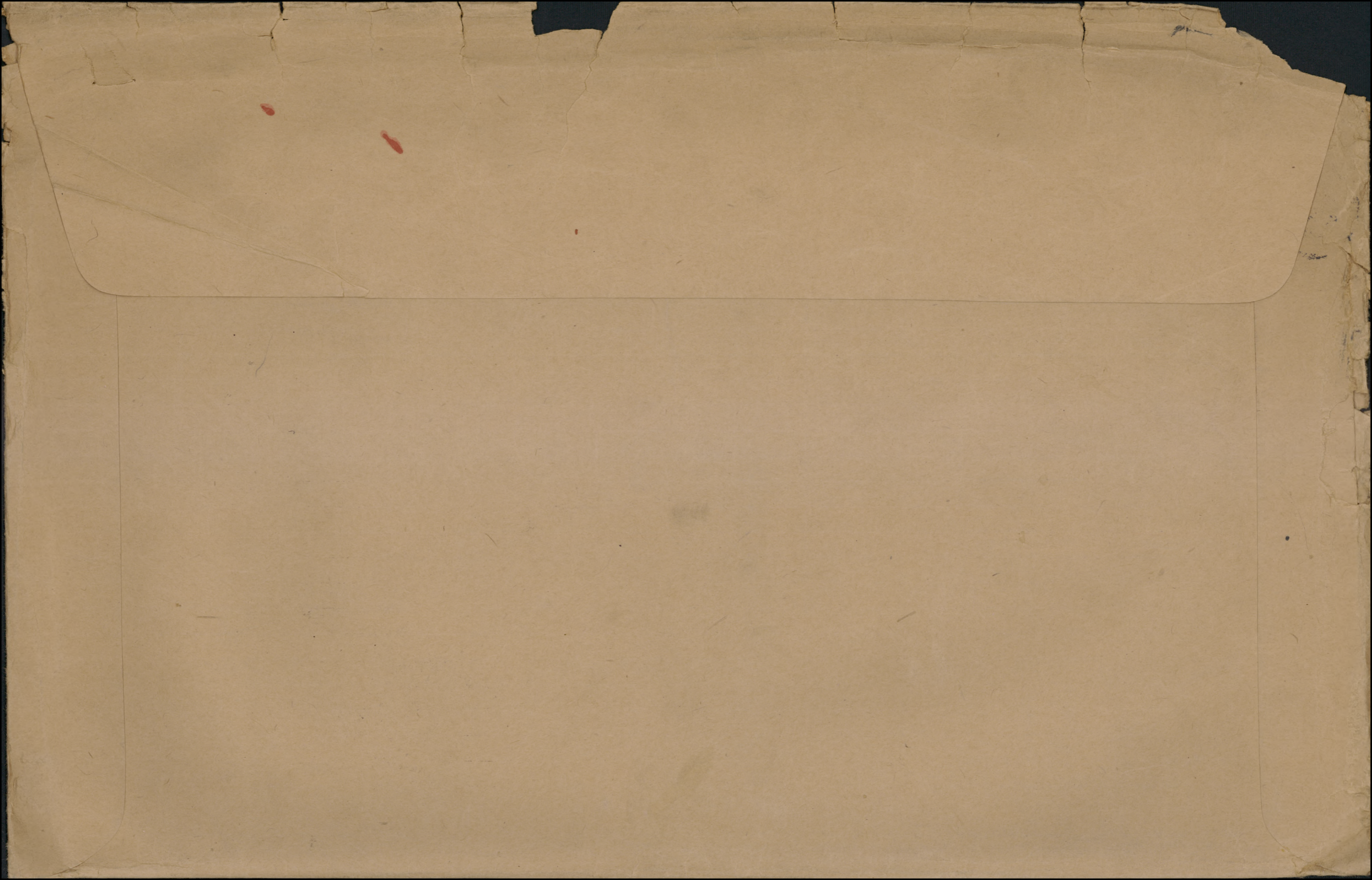
Date SEP 24 1915 191 .

REGIMENTAL DOCUMENT

NAME **MILLAR** **HECTOR WILLIAM** REGT. NO. **132705** UNIT **73rd** H. Q. FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>5-1-20</i>			1 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.B.W. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				20612	<i>Remot</i>
1 MEDICAL EXAMINATION (M.F.W. 129)					
1 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)					DESERTION
1 LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
1 PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 Misc					
1 Report					50-11
4 case card					22-11
1 R122					10-11
1 case card					
					2



No. 132905. RANK *Pte.*NAME *Millar X.*T. O. S. 24-9-15 ^(BO. 510) UNIT *73rd. Battalion C. E. F.*
(27-9-15)M. D. *4.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915.</i>			
<i>Sept. 24.</i>	<i>Sept. 30.</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>1916.</i>	<i>1916.</i>			
	<i>Jan.</i>	<input checked="" type="checkbox"/>		
	<i>Feb.</i>	<input checked="" type="checkbox"/>	<i>Forfeits 2 days pay. (BO. 32) 8-2-16.</i>	
	<i>Mar.</i>	<input checked="" type="checkbox"/>		
	<i>Apr.</i>	<input checked="" type="checkbox"/>		
				UNIT SAILED MAR 31 1916



Name **MILLAR.** Rank **Private.** Reg. No. **132705**
 Unit **Hector,**
73rd. Battalion. *3rd CP.*
 Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
2-3.	No. 1 Can. G. H. Etaples.	GSW L. arm severe.	A159.	09978.	10-3-	
9-3.	Red. X. Hosp. Chelmsford.	-do-	not sev.	B176		
9-3.	Gen. Mil. Hsp. Colchester.	GSW left arm.	B178			
30-3.	Can. Conv. H. Woodcote Pk. Epsom.	-do-	B191			
2-4.	<i>Discharged.</i>		<i>-do-</i>	<i>B235</i>		
20-7	Can. Mil. Hsp. Eastbourne	Atrophy of				
		Deltoid Muscle		B279		
13-9	<i>Discharged</i>		<i>do</i>	<i>B11</i>		
	<i>Diagnosis now changed to</i>	<i>Cirumflex nerve</i>		<i>B12</i>		
	<i>(Lefrstop)</i>	<i>Lesion (Partial)</i>				

ck

ADMITTING CARD.

Regt. No. 137,705 A. & D. No. 2374

Rank Pvt

Name Millar N.

Corps 3rd Inf. Div. 10 (*73rd In*)

Religion Pres Age 19

M. H. Rec'd _____ M. H. Requested Charged M. H. Ret'd Discharged

Disease Atrophy Deltoid Mus. lft

Admitted 19 JUL 1917

Discharged 13 SEP 1917

Place in Hospital 11/51/50/56/54/58

Transferred _____

Results _____

24/12

REMARKS:

MEDICAL HISTORY SHEET.

Requested			
From	Date	Reply	Date
1			
2			
3			
4			

Orig. Dup. Recd. from *3rd. C.C. D.* 1917/19

Orig. Dup. Sent to *NR* 13/9/1917

Recd. from Regn. this Orig. Dup. 1/19

Ward

Orig Recd G. J. McDonald
13 SEP 1917.

6 Proc 12
CARD NO

SURNAME. *Millar, (649-M-13823)*

CHRISTIAN NAMES *Hector*

REGL. NO. *132705* RANK *P6.*

UNIT *73rd.*

FORMER CORPS *42nd. Regt.*

*80. S. S. 9-11-19
(Helenule)
#03080/4-11-19 Halifax*

Depo C.S. 6, Datto.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Millar, A.*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *Renfrew, Ont.*

COUNTRY OF BIRTH *Canada, Renfrew, Ont.* DATE *Jun. 16th 1897*

PLACE OF ATTESTATION *Montreal* DATE *Sept. 27th 1910.*

*Sailed from Halifax P.S.S. Adriatic 3/13/16. 362/13
M/E 11-19 434 097*

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

*Machinist
Apprentice*

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

18

YEARS

4 MONTHS

HEIGHT

5

FEET.

4 INCHES

CHEST MEASUREMENT

33

INCHES

EXPANSION

2 INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Black

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Montreal

DATE

*Sept. 25th
1915.*

NAME

Willyay

RANK AND CORPS

Plt.

Nector

73rd Bn

REG'T L NO

132705'

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

0.9978.

9-3-14.

Adm. to one Gen. Hoop Marsh
 2nd 1914. severely wounded.
 LSW left arm, ✓

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
a 159	No 1 Gun Gen, Etaples	2-3-17	G.S.W. Lt. Arm Sev.
B 176	The Red Cross Lakenhead	9-3-17	G.S.W. L. Arm.
B 178	Gen, Mil, Colchester	9-3-17	G.S.W. Left Arm.
B 191	Cambourne, Wd. Cole Park.	30-3-17	G.S.W. Left arm
B 235.	Discharged.	2-4-17.	G.S.W. Left Arm. muscle
B 279	Gen Mil, Eastbourne	20-7-17	Atrophy of Deltoid
B 11-1	Discharged	13-9-17	Deltoid muscle 1 st of July Regt.

132705 Rank. of Sgt. B

Surname. MILLAR V

Christian Name. Hector

Units. 73rd Orlean Inf. Theatre of War. France

Date of Service. 12-8-16

Remarks. Mrs Florence E Millar *Widow*

Latest Address. Box 169 2049 Colphinstone St.

Kenferent Ont. Regina Sask

Roll No. "B" Page 6029

4/8/42

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
			<p>DESP. MAR 4 1942 REGN NO. / / /</p>	

Surname **Millar** Christian Name or Names **H.** Reg. No. **132708**
 Rank **Pte** Unit **73rd Bn** Co. **1st Que R.** Troop Batty.
 Hospital Date of Admission **1. CG.H. Etaples 2-3-17**

Transferred **+ Chelmsford.** Hosp. **9.3.17.**
Gen. Mil. Hosp. Colchester Hosp. **9.3.17**
Woodcote. Pk Epsom Hosp. **30.3.17.**
Eastbourne Milit Hosp. **20.7.17**

Diagnosis **G.S.W. Lt Arm**

(1) Later Diagnosis (if changed) **atrophy of Deltoid muscle**
 (2) **n.o.**
 (3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L.10-3-17 A159

REMARKS

16.3.17 B176

19.3.17 B178

4.4.17 B191

1.6.17 B255

27.7.17 B279

15.9.17 B11

Dis 2.4.17

Dis 13.9.17

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

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

Canadian Printing and Stationery Services, London

DIRECTIONS TO
DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

MILLER H.W.

REGIMENT

Canadian War Records

RANK

a/Sgt

No.

132705

Date of Examination in England

12 JUL 1919

Date of Examination in France

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

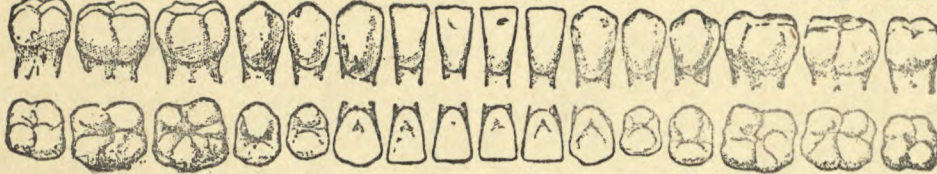
2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

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 *No*

(b) In England */yes*

(c) In France */yes*

Signature of Dental Officer

J.H. Hammett, Capt.



MILLER HIC
1917

1917

1917

1917

Sheet II

Casualty Form - Active Service.

Regiment or Corps 73rd Bn. R. A. of Canada.

Rank PLC Surname Millar Christian Name Hector

Religion Age on Enlistment years months

Enlisted (a) 25/9/15 Terms of Service (a) Do War Service reckons from (a) 25/9/15

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

Extended { } Re-engaged { } Qualification (b) Apprentice Machinist
or Corps Trade and rate


Occupation Signature of Officer

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 ..			
26-5-19	HQ O.M.F.C.	App'd as Sgt. & graded for pay as Sgt Clerk.	London	1-5-19	Pt # 20122
11 ¹⁰ /19	do	S.O.S of H.20m FofC on transfer to ICND Buxton	do	10 ¹⁰ /19	Pt # 110236
					<i>W. P. Green Capt</i> CAPTAIN & ADJUTANT-GEN. HQ. O.M.F.C.
14-10-19		T.O.S. C.D.D. Buxton. Pt. 2. D.O. No. 239			
22-10-19		S.O.S. O.M.F.C. to C.E.F. Canada. Pt. 2. D.O. No. 246			
		Embarked S'Hampton			
		2-10-19 RMS'Ryl-George			
		L'embkd Halifax			<i>J. W. Lock</i> CAPT. For OFFICER COMMANDING CANADIAN DISCHARGE DEPOT.

(a) In the case of a man who has re-engaged for, or enlisted into Section E, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
	T. O. S. Halifax Depot Clearing Services Command			22-10-19	
	Part 11. Order No. 308			dated 4-11-19	
	S. O. S. Halifax Depot, Clearing Services Command			9-11-19	
	on being discharged from the service under Demob'n.			PO1420	
	Daily Orders Pt. 11 No. 308			dated 4-11-19	


 CAPT & ADJUTANT HALIFAX DEPOT
 CLEARING SERVICE COMMAND

CERTIFIED - CORRECT.

28 AUG. 1916

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

Casualty Form—Active Service.

M. F. W. 54.
159M. 10-15.
H.Q. 1772-39-920.

CAN. RECORDS, LONDON, Unit, Regiment or Corps 73rd (Overseas) Bn. Royal Highlanders of Canada, C.E.F.

Regimental No. 132705 Rank Private Name Millar, Hector

Enlisted (a) 24/9/15 Terms of Service (a) _____ Service reckons from (a) 25/9/15

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) Apprentice Machinist

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.
-------------	--------------------	--	-------	------	--

Embarked at Halifax on R.M.S. "Adriatic", March 31st, 1916.
Arrived at Liverpool, April 9th, 1916.

Proceeded for service Overseas

AUG 12, 1916

Hector Millar
Adj. 73rd Bn. Canadian Infantry,
Royal Highlanders of Canada.

28/16 *0673rd Bn* **DISEMBARKED**
11/16 " " *To Machine Gun Course*
2-3-17 *1 Ban Gen.* *Rejoined Unit*
3-3-17 *0673rd Bn.* *Went Arm L. (sev.)*
6-3-17 *HS "Dieppe"* *Wounded in Action*
GSW Shoulder, L.

HAVRE
Field
Field
Adm 1 Ban Gen. Hq.
Field
Trans England

13 8/16
23 10/16 *B213, des 34, d/- 4 7/8*
31 4/16 *B213, des 43, d/- 18 7/8*
2-3-17 *W3034/216*
1-3-17 *B213, des 97*
6-3-17 *W3083/9026, Pt. II Ord.*
28, d/- 15-3-17.

M. L. Lockhart
Lieutenant,
for Lieut-Colonel, A.A.G.

15.3.17 *73rd Bn.* *S.O.S. to C.A.C.*
18.3.17 *1st L.R.N.* *T.O.S.*

Field *5.3.17* *Pvt 28.*
Shoekam *13.3.17* *10.*

L. L. L. Lieut.
for Colonel i/c Records, C.O.M.F.

(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.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
24/8/17		RECEIVED FROM 3RD C.C.D. <i>See find.</i>	TO 1ST QRO		BN. PART II D. O. No. 157-25-8-17 <i>Small</i> For O.O. 3rd Canadian Command Depot.
14.11.17	1st. Que. Regt'l.	Depot. ON COMMAND TO <i>Charles Wokingham</i>			Pt. II. D.O. 221.14.11.17. <i>W. Duckley</i> ADJUTANT, 1ST. QUEBEC REG'TL. DEPOT.
11-2-18	Bearwood.	Ceases to be attached to C.C.H. Bearwood on return to 1st Que. Regt'l Depot.	Bramshott.	9-2-18	Pt II D.O. 16.4.13-2-18. <i>W. Thulian</i> Adjutant, Canadian Convalescent Hospital, Bear Wood, Wokingham, Berks.
18/2/18	1st. Que. Regt'l Depot	ON COMMAND TO <i>Argyle House London.</i>			Pt. II. D.O. 53. 1/3/18. <i>W. Duckley</i> ADJUTANT, 1ST. QUEBEC REG'TL. DEPOT.
2-Mar. 18	<i>W. Duckley</i>	T.O.S. HQom Fife	London	1-3-18	Pt II D.O. 52.
9-3-18	do	S.O.S. HQom Fife	do	8-3-18	Pt II D.O. 58.
9-3-18	do	T.O.S. Can War Record	do	8-3-18	Pt II D.O. 58.
15-5-18	do	Graded for pay as Clerk Cl 2	do	1-5-18	Pt II D.O. 113

CANADIAN EXPEDITIONARY FORCE

403474

Badge
Class "A" No

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 132705- (Rank) Sergeant

Name (in full) Hector William Miller enlisted in

the 73rd Battalion

CANADIAN EXPEDITIONARY FORCE at Montreal on the Twenty-fifth

day of September 1915

HE served in France with the 73rd Battalion

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 22 years.

Marks or Scars _____

Height 5ft 4ins

Complexion Dark

Eyes Blue

Hair Black

H. W. Miller
Signature of Soldier

Date of Discharge

[Signature]
Issuing Officer

Major

Rank

9. 11. 1919

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.

DISCHARGE CERTIFICATE
CANADIAN EXPEDITIONARY FORCE

THIS IS TO CERTIFY THAT
Name (in full) _____
enlisted in _____
the _____
CANADIAN EXPEDITIONARY FORCE
on the _____ day of _____ 19____
He served in _____
and is now discharged from the service by reason of _____
Demobilization
Medical Unfitness

THE DESCRIPTION OF THE SERVICE OF THE SOLDIER IS AS FOLLOWS:—

Age	_____
Height	_____
Complexion	_____
Eyes	_____
Hair	_____
Signature of Soldier	_____
Date of Discharge	_____
Rank	_____
Issuing Office	_____
Mark or Scar	_____
Date	_____ 19____

NOTE—As an affidavit of the Government will be issued, any person having some is requested to forward it in an unsealed envelope to the Secretary, Military Council, Ottawa, Canada.

Rank Name MILLAR, Hector. Reg'l No. 132705. ✓
 Unit 73rd Bn. If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Montreal. 25th September. 1915. Place of Birth Renfrew. Ont.
 Name and Address, Next-of-Kin A. Millar.
 Renfrew. Ont. Canada. Relationship Father.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character

N/E. R.B. No. ✓ 180
 File R.L.
 Category *Canada*

80's

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.				
auth S.R.O. 594	10/4/16	<i>Arrived in England</i>	10 APR 1916		A.F.B. 103 CHECKED 18 AUG. 1916 <i>me</i>
[11 8-16	73rd.	Embarked For France	Bramshott	12-8-16	Part 2 D. O. 201
10-3-17	70th Bn	Adm No 1 Can Gen Hosp	Etaples	2-3-17	Ed. 9159. G.S.W. J. Ann Sw
16-3-17	73rd Bn	Adm Red X Hosp	Bhedmsford	9-3-17	v B170 v J. Ann
15-3-17	v v	S.O.S to C.C.A.B.	Field	15-3-17	At 11 Do 28. W.
18-3-17	at 11 Do 28	T. & J.	Shoreham	18-3-17	At 11 Do 10
19-3-17	73 Bn	Trans Gen Mil Hosp	Colchester	9-3-17	C.L.B 178
4-4-17	"	C.E.H Woodcote Pk	Epsom	30-3-17	C.L.B 191 G.S.W. J. Ann
26-4-17	at 11 Do 28	On comd at 3rd C.C.D.	Shoreham	21-4-17	PT 45. 000 57 4/20/17
16-4-17	73rd Bn	Des C.C.H WPK	Epsom	2-4-17	at 11 Do 235

me
AI
cas

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.				
27.7.17	73 rd Am	Adm Can Miet Hosp	Eastbourne	20.7.17	atrophy of deltoid muscle C/LB 279
25.8.17	3 rd CCB	bease to be att	Seaford	10.8.17	DO 157
14.9.17	1 st QR	Adm Can Miet Hosp on Com C & H Bearwood	Eastbourne	13.9.17	C/LB 11
15.11.17	-	Ph. Wokingham (7 th employment Siddlesham)	St Bshott	14.11.17	DO 222
11.2.18	20 th R Bn.	att from 1 st Q.R.D. J.A.	"	9.2.18	DO 42
11.2.18	1 st QR	Leas "On Com" at CCH B'wood.	Pte Do	10.2.18	- 37.4 P.H.O. H.H. J. 13.2.18. CCH B'wood.
2.3.18	Qto.	"On Com" at St. Q. O.M.F.L.	Pte Do.	1.3.18	- 54
2.3.18	20 th R Bn.	Leases attd. from 1 st QR.	Pte Do.	1.3.18	- 61 SOS J.A. Q.R.D. P.H.O. 62 d/12.3.18
2.3.18	NQMFC	T.O.S. War Records.	London	1.3.18	- 52
9.3.18	St QOWSC	SOS to Can War Records	London	8.3.18	58 JS ✓
26.5.19	do	Apppl. of Sgt	Pte London	15.19	DO 122
11.10.19	do	40.6.19 Sgt Sailing SOS Can War Records appjt in ref to 1.6.18.	"	10.10.19	Interview in cov. P.H. DO 236
22.10.19	1st C.O.D.	S.O.S. to Canada	Buxton	22.10.19	- 246.

123-0-41. 22/10/19.

M 47 Depot 60

ORIGINAL MEDICAL HISTORY SHEET.

Surname Heller Christian Name Hector

Examined { on 25 day of Sept. 1915
at MONTREAL
Birthplace { City or Town Pennew
County Ont.

Approved by L. J. Fosh
Rank Captain M.O.

Apparent age 18 yrs 4 mos
Trade or occupation appointed packman
Height 5 Feet 4 Inches.
Weight 125 Lbs.
Chest measurement { Minimum 31 inches.
Maximum expansion 33 inches.
Physical development Good
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
<u>July 4 1915</u>	<u>Fit</u>	<u>16 M.O. 1917</u>
<u>July 19 1915</u>	<u>Fit</u>	<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>

Vaccination Marks { Arm Right Left.
Number 1
When Vaccinated last Child hood
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS.
<u>DEC 17 1915</u>		<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>

(b) Slight defects but not sufficient to cause rejection
Dental Clinic

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Oct 29 1915</u>	<u>Good</u>	<u>M.O.</u>
<u>NOV 12 1915</u>		<u>M.O.</u>
<u>NOV 19 1915</u>		<u>M.O.</u>
<u>July 22 1916</u>	<u>L 7</u>	<u>M.O.</u>

Enlisted on day of SEP 24 1915 1911 at MONTREAL

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment		<u>132705</u>		
Transferred to.. ..		<u>132405</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>3rd B.B.D. Leford.</u>	<u>11-7-17.</u>	<u>Atrophy. Bellad muscle</u>	<u>Fit</u>
<u>13 Bernus st</u>	<u>24-7-19</u>	<u>atrophy. (partial) left arm</u>	<u>Fit</u>

Remarks: 1st exam. by the Med. Bd. Pres. S.M.B. 2nd exam. by the Med. Bd. Pres. S.M.B. 3rd exam. by the Med. Bd. Pres. S.M.B.

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.

CANADIAN

Surname *Miller* Christian Name *Robert*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Montreal</i>											
Chelmsford Red X		9	3	17	29	3	17	gsw shld L	21	Trans Canadian Hoop. Epsom.	<i>[Signature]</i>
M.C. Hoop.	Epsom.	29	3	17				Do.		upper 1/3 rd movement of shldr slightly limited. Inf.	<i>[Signature]</i>
CANADIAN MILITARY HOSPITAL, EASTBOURNE.		19	7	17	19	17	Lesion (rotator cuff)			"D.I" Good power vis. shoulder Discharged 10/11	<i>[Signature]</i>

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
2374	132705	Pte.	Miller	H.
Year	Unit.	Age.	Service.	
19 JUL 1917	3rd. C. C. S.	19	24/12.	

CANADIAN MILITARY HOSPITAL, EASTBOURNE.

Disease Partial lesion, Circumflex Nerve. Atrophy - Deltoid Muscles. In France 8 mos.

Wounded - 1 March 1917

Hospital - 1st Ca de Etape - 99

V. AD Chalmersford Bus - 17th

Epsom - 17th

C.C.S. Hastings - 2nd

Complaint -

Lesion of left deltoid muscle & some atrophy of Disability.

On 1 March 1917 patient hit by rifle machine gun bullet - The bullet ^{entered} ~~passed~~ the left pectoral region 2" below middle of clavicle and taking a course outwards & downwards emerged on the dorsal surface of the arm just above the proximal fold - The deltoid muscle was apparently damaged - In clavicle there were 2 left Epsom the arm was in good shape and that he could raise it about - straight on for body - This explains at C.C.S. the shoulder has become a good deal weaker -

There is atrophy of the left deltoid with resulting loss of work - in the arm - Patient

11/7/17 ^{Ph.} Anæsthesia over External Surface Arm from tip of acromion to elbow - Strength of shoulder ^{is} much ~~stronger~~ but does not reach 1/2 normal

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

- 8/8/17 Improving
- 13/8/17 Slight reaction to γ in Central fibres.
Volume of muscular tissue much increased
- 20/8/17 Slight improv. 27/8/17 - Improved
- 4/9/17 Good progress - has some pain in
arms when weather is damp.
- 11/9/17 Good voluntary movt of all muscles
about shoulder tho' not so strong
as right - Strong power of abduction of
arm - Anaesthesia now limited to
small patch in centre of deltoid
Rec'd for Cat B.S. Effingham Camp.
Discharged Bill



WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to MILLER Mrs H. W.
Address 145 Ravenslea Road Balham
London S.W.

Dependent of 132705 Sgt Miller
Address H.W.

Date	Cheque No.	Gratuity	Payments	Balance Due	Remarks
1920		38 16 8			
Jan: 9.	147237		20 6 10	18 9 10	\$90 Grat \$9 S.A.
Feb 10	148441		18 9 10	0	
		38 16 8	38 16 8		May Hayward written in front Aug 3rd
Feb 13.	Cancelled cheque	18 9 10		18 9 10	Cheque No 148441.
" 13	to Canada		18 9 10	0	C.A. 23797 cancelled
Aug. 17			36 19 9		debit
" 17		14 7 8		4 2 3	Debit
Nov. 1	Suspense	4 2 3			
		75 16 5	75 16		



May Hayward written in front Aug 3rd

Cheque No 148441.

C.A. 23797 cancelled

debit gratuity of general not eligible

\$70.00 recovered from soldiers gratuity

Awaiting Report from A.C. re front.

Payee not entitled to gratuity

\$70.00 recovered by RD 12 9/2/20

Credit Auth. O.C. 26/10/20 acc 29/10/20

WAR SERVICE GRATUITY AND SEPARATION ALLOWANCE

NAME OF MEMBER: _____

DATE OF DEATH: _____

DATE OF SEPARATION: _____

DATE OF ENTRY INTO SERVICE: _____

DATE OF ENTRY INTO RESERVE: _____

DATE OF ENTRY INTO NATIONAL GUARD: _____

DATE OF ENTRY INTO NATIONAL DEFENSE RESERVE: _____

DATE OF ENTRY INTO NATIONAL DEFENSE RESERVE: _____

DATE OF ENTRY INTO NATIONAL DEFENSE RESERVE: _____

DATE OF ENTRY INTO NATIONAL DEFENSE RESERVE: _____

DATE OF ENTRY INTO NATIONAL DEFENSE RESERVE: _____

DATE OF ENTRY INTO NATIONAL DEFENSE RESERVE: _____

DATE OF ENTRY INTO NATIONAL DEFENSE RESERVE: _____

DATE OF ENTRY INTO NATIONAL DEFENSE RESERVE: _____

DATE OF ENTRY INTO NATIONAL DEFENSE RESERVE: _____

2nd Contingent

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTSM. F. W. 12.
20m.—11-15.
H. Q. 1772-39-819.

To Whom *Miss G. Miller (Sister)* By Whom Assigned *Miller H.*
 Address *2040 Elphin Stone* Regtl. No. *132705*
A. Regua Rank *Private*
Susa Corps *13th Batt E. Coy.*
 Rate *\$20.00* ~~APR 1 1916~~ *June 1st 1916*

2 m 29⁵/₁₆ 25⁷/₁₆

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				



1912

1888

1888

1888

2nd Contingent

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

PAYMENTS.

#132705. Name of Soldier

W. G. Weillar

Weillar
43rd Batt.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$20.00
April	1916	W 2014	20	June 16
May		X 6985	20	
June		B 4120	20	
July		O 11700	20	
Aug.		K 12719	20	
Sept.		O 19496	20	
Oct.		M 21424	20	
Nov.		M 26274	20	
Dec.		R 29897	20	
Jan.	1917	J 46004	20	
Feb.		J 46337	20	
March		C 51908	20	20 B.
April		X 3604	20	20 Cu
May		X 10348	20	20 H
June		W 18811	20	B.
July		X 20119	20	D
Aug.		L 31021	20	
Sept.		L 38304	20	- Cu
Oct.		Y 44187	20	
Nov.		L 50826	20	
Dec.		V 58169	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

420

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.				

MARRIED OR SINGLE *Single*

PLACE OF BIRTH *Renfrew Ont. Can.*

NAME AND ADDRESS OF NEXT OF KIN *A. Millar*
Renfrew Ont. Can.

RELATIONSHIP OF NEXT OF KIN *Father*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.			
PARTICULARS	EFFECTIVE DATE	AUTHORITY	
<i>101. H.Q.M. 296. Orderly.</i>	<i>1/3/18</i>	<i>H.Q.D.O. 52</i>	
ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. *132405* RANK *Pte* NAME *Millar* *No 2 R.R.D* Director.

IF IN PERM. CORPS | UNIT *43rd Bn* | TRANSFERRED TO *British Hoeplo.* DATE *21/2/17* AUTHORITY *H.P. 13/17*

PERMANENT FORCE ALLOWANCES | TRANSFERRED TO *British Hoeplo.* DATE *31.5.17* AUTHORITY

PLACE OF ATTESTATION *Montreal* | TRANSFERRED TO *2 R.R.D.* DATE *1-11-17* AUTHORITY

DATE OF ATTESTATION *25th September 1915* | TRANSFERRED TO *L.A.O. H.Q.M. &c.* DATE *1-3-18* AUTHORITY *H.P. 13/18*

ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *1/5/16*

PAYABLE TO *Miss A. Millar, 4 Elphinstone St, Regina Sask.* RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY *war records*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS				
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT							
			\$	c.			\$	c.			\$	c.																							
<i>1916</i>																																			
<i>1-31</i>																																			
<i>May</i>	<i>31</i>	<i>1.00</i>	<i>31.00</i>	<i>31</i>	<i>10</i>	<i>3.10</i>						<i>34.10</i>								<i>72</i>	<i>31/5/16</i>	<i>39</i>	<i>8/3/16</i>			<i>4.87</i>	<i>4.87</i>	<i>20.00</i>	<i>29.74</i>	<i>21.72</i>					
<i>1-30</i>		<i>1.00</i>	<i>30.00</i>	<i>30</i>	<i>10</i>	<i>3.00</i>						<i>33.00</i>	<i>180</i>	<i>15/6/16</i>	<i>215</i>	<i>30/6/16</i>				<i>730</i>	<i>730</i>	<i>20.00</i>		<i>34.60</i>	<i>20.12</i>										
<i>June</i>	<i>30</i>			<i>30</i>	<i>10</i>	<i>3.00</i>						<i>34.10</i>				<i>298</i>	<i>15/9/16</i>				<i>730</i>	<i>20.00</i>		<i>27.30</i>	<i>26.92</i>										
<i>1-31</i>		<i>3.10</i>	<i>31.00</i>	<i>3</i>	<i>12</i>	<i>3.10</i>						<i>34.10</i>	<i>314</i>	<i>5/7</i>						<i>730</i>	<i>20.00</i>		<i>27.30</i>	<i>33.72</i>											
<i>July</i>	<i>31</i>	<i>1.00</i>	<i>31.00</i>	<i>31</i>	<i>10</i>	<i>3.10</i>						<i>33.00</i>	<i>5</i>	<i>27/8</i>	<i>135</i>	<i>12/9</i>				<i>2.62</i>	<i>2.62</i>	<i>20.00</i>		<i>25.24</i>	<i>41.48</i>										
<i>1-31</i>		<i>3.10</i>	<i>31.00</i>	<i>31</i>	<i>10</i>	<i>3.10</i>						<i>34.10</i>	<i>165</i>	<i>8/6</i>	<i>24</i>	<i>1/10</i>				<i>2.62</i>	<i>2.62</i>		<i>144.18</i>	<i>27.85</i>	<i>47.73</i>										
<i>Aug</i>	<i>31</i>	<i>1.00</i>	<i>31.00</i>	<i>30</i>	<i>10</i>	<i>3.00</i>						<i>33</i>		<i>484</i>	<i>411</i>		<i>1.9. Mch</i>	<i>392.5</i>	<i>25/10</i>	<i>2.62</i>			<i>26.98</i>	<i>53.75</i>											
<i>1-30</i>		<i>3.10</i>	<i>30.00</i>	<i>30</i>	<i>10</i>	<i>3.00</i>						<i>24.10</i>	<i>504</i>	<i>14/11</i>	<i>569</i>	<i>7/12</i>				<i>2.61</i>	<i>11.24</i>	<i>20</i>		<i>33.95</i>	<i>53.90</i>										
<i>Sep</i>	<i>30</i>	<i>1.00</i>	<i>30.00</i>																																
<i>1917</i>			<i>24.50</i>			<i>24.50</i>																													
<i>1-31</i>		<i>1.00</i>	<i>31.10</i>									<i>34.10</i>	<i>738</i>	<i>2/1</i>						<i>2.62</i>				<i>25.23</i>	<i>62.77</i>										
<i>Jan</i>	<i>31</i>											<i>30.80</i>	<i>834</i>	<i>18/11</i>						<i>2.61</i>		<i>20</i>		<i>22.61</i>	<i>70.96</i>										
<i>1-28</i>												<i>22</i>	<i>1041</i>	<i>21/2</i>						<i>3.62</i>		<i>20</i>		<i>25.24</i>	<i>67.72</i>										
<i>Feb</i>	<i>28</i>											<i>22</i>	<i>940</i>	<i>11/11</i>						<i>2.62</i>		<i>20</i>		<i>306.04</i>	<i>0</i>										
<i>1-20</i>			<i>22</i>																																
<i>March</i>	<i>20</i>																																		
			<i>356.40</i>									<i>17.36</i>	<i>373.76</i>							<i>40.76</i>	<i>36.05</i>	<i>4.36</i>	<i>4.87</i>	<i>2.20</i>											

E

war records

CT HWB

l

to p. previous etc.

Pay 1.00
 Feb. 1.10
 Sat. 1.10
 2.10

132765 - Ste. Millar H.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3					4					CREDIT	DEBIT					
			\$	C.						\$	C.	No.	DATE	No.	DATE	No.	DATE				No.	DATE										
1917																																
From March 21-31	11	1.50	16.50					373.76										40.76	36.05	4.36	4.87	2.20		306.04	67.72							
Apr. 30	"		33					33						29E 1/4				4.86														
May 30	"		33					33													20		20	100.96								
" 1			1.10					1.10																102.06								
June 30			33					33													20		20	115.06								
July 31			34.10					34.10													20		20	129.16								
Aug 31			34.10					34.10						188 Sp. Toppid							20		20	107.60								
Sep 30			33					33													20		20	107.60								

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. - RED. PAY	SEP. ALLGE. PAY ENG.	MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. - RED. PAY	SEP. ALLGE. PAY ENG.	REMARKS
1917	Oct P.P.		34.10						107.60			From 65.10					29.19				20	93.01		
				7 days 30/Jul/Aug 5.9.17 to 11.12.17								2 1/2												
				770					114															
	Nov P.P.		33	Asst. P.																				
	Dec		34.10																					
				AR 6318. 20 Nov. 17 9.11.17	9.73																			
				" 400 " 14/11/17	9.73																			
				" 383 " 29.10.17	9.73																			
				" 339. Con. Work 24.11.17	9.73																			
1918	Jan	67.10		Can at Dec			20		102.18															
		34.10		" Jan	38.92		40																	
				AR 3536 H. Work 30/17	4.87																			
				AR 3716 H. Work 16/17	9.73																			
				AR 392 " 17/17	4.87																			
		34.10		Can P.P.			20		96.81															
Feb																								
				Can P.P.			20																	
		30.80		Can P.P.																				
				AR 42. " 29/1/18	7.30																			
				AR 492 " 29/1/18	7.30				93.01															
		30.80		Can P.P.	4.60		20																	
				Can P.P.			20																	
		2.10	65.10	AR 5510. L.A.O. 13/1/18	14.60																			
				AR 263. 20 Nov. 14/1/17	4.86																			
				AR 7935. L.A.O. 19/3/18	9.73																			
Carrefour			65.10		29.19																			

66-66 21/5/17 L.A.S. 176-14/3/17

188 Sp. Toppid

2. m. 298
15.5.17.

4.86

48.66

65.10

10.58 62

65.10

20

44 empty units in credit

ASSIGNED PAY. **ENGLAND OR CANADA.** SEPARATION ALLOWANCE. **ENGLAND OR CANADA.**
EFFECTIVE DATE: *1/5/16.* EFFECTIVE DATE: *4/10/19.*
AMOUNT: *£20 Stop. Eff 1/10/19* AMOUNT: *30.*

NAME: **MILLAR, Hector**
NUMBER: **132705.** *Pte*

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.
Miss A. Millar, 2049 Elphinstons St., Regina, Sask.
Wro F. C. Millar, 145 Ravenslea Rd, Balham, S.W.12.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>H.Q. DO. 113. 0.0.32</i>	<i>1/3/18</i>	<i>Orderly.</i>
<i>H.Q. DO. 113.</i>	<i>1/5/18</i>	<i>2nd Class Clerk</i>
<i>H.Q. DO. 113. 1-5-19</i>		<i>Sgt Clerk.</i>

L.P.C. rendered 29/9/19
Bal Debit: 2047 30-9-19
Wis. Canada
N13128. 28/9/19. London W. Ind.

UNIT AND TRANSFERS
ORIGINAL UNIT: *73rd Bn.*
DATE, ACCOUNT FIRST OPENED: *1/5/16.*

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
<i>10/9</i>		<i>London £</i>	<i>8 38 93</i>				
<i>24/9</i>		<i>DO £</i>	<i>9 43 80</i>				
<i>27/9</i>		<i>DO £</i>	<i>6 29 20</i>				
			<i>111.93</i>				

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S D	UNIT TRANSFERRED TO
<i>H.Q. DO. 236.</i>	<i>11/10/19.</i>		<i>H.Q. DO. 113. War Records. 201 C.D.P.</i>

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>Mar 31</i>	<i>Bal, fwd.</i>								<i>10 58</i>		
<i>April</i>	<i>P.A.</i>	<i>63</i>		<i>Can AP</i>				<i>20</i>			
				<i>AR 1381. 11.4.18</i>	<i>19 47</i>						
				<i>AR 3515. 26.4.18</i>	<i>19 47</i>				<i>6 52</i>		
		<i>63</i>			<i>38 94</i>			<i>20</i>			
<i>May</i>	<i>P.A.</i>	<i>77 50</i>		<i>Can AP</i>				<i>20</i>			
				<i>AR 5547. 10.5.18</i>	<i>19 47</i>						
				<i>AR 8295. 24.5.18</i>	<i>19 47</i>				<i>12 04</i>		
		<i>77 50</i>			<i>38 94</i>			<i>20</i>			
<i>June</i>	<i>P.A.</i>	<i>75</i>		<i>Can AP</i>				<i>20</i>			
				<i>AP 11470 L.A.O. 19/6/18</i>	<i>487</i>						
				<i>" 9313 " 6/6/18</i>	<i>487</i>						
				<i>AR 10308 13/6/18</i>	<i>19 47</i>						
				<i>✓ 11917 2/6/18</i>	<i>14 60</i>				<i>2323</i>		
		<i>75</i>			<i>4381</i>			<i>20</i>			
<i>July</i>	<i>P.A.</i>	<i>77 50</i>		<i>Can AP</i>				<i>20</i>			
				<i>AR 14808 L.A.O. 5/7/18.</i>	<i>2920</i>						
				<i>AR 18499 " 24/7/18.</i>	<i>2920</i>				<i>22 33</i>		
		<i>77 50</i>			<i>5840</i>			<i>20</i>			
<i>Aug</i>	<i>P.A.</i>	<i>77 50</i>		<i>AR Can.</i>				<i>20</i>			
				<i>AR 22113 L.A.O. 9.8.18</i>	<i>29 20</i>				<i>50 65</i>		
				<i>C.P. 28967. " 30.8.18</i>	<i>29 20</i>				<i>21 43</i>		
		<i>77 50</i>			<i>58 40</i>			<i>20</i>			
<i>Sept</i>	<i>P.A.</i>	<i>75</i>		<i>AR Can.</i>				<i>20</i>			
				<i>AR 31343. L.A.O. 6/9/18.</i>	<i>2920</i>						
				<i>AR. 36148. " 20/9/18.</i>	<i>2483.</i>				<i>2290</i>		
		<i>75</i>			<i>5353</i>			<i>20</i>			
				<i>Forward.</i>							

Handwritten initials and scribbles.

* Strike out whichever inapplicable.

New ASP Book 21801 issued 2/9/18

Pay 1.60
 Sub 1.20
 1500 AP. 20. Kan
 1500
 NUMBER 132705 RANK Pte.

NAME Miller A. W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918				Howard.					22 90		
Oct	Paid.	7750		AP Kan.				20			
				OR 46964 Lao. 11/10/18.	29 20						
				OR 56791 " 30/10/18.	29 20				22		
		7750			5840			20			
Nov.	Paid.	75		Cap.				20			
				AR. 74178 Lao 15-11-18	29 20						
				AR 65170 " 29-11-18.	29 20						
Dec.	Paid.	7750		Cap.				20			
1919				AR. 88579 Lao. 20.12.18.	5840						
Jan	Paid 3.00	95-		Cap.				20	90 70		
		24850			11680			60			
Feb.	Paid.	84-		AR 3644 Lao. 10/19	29 20				145 50		
				AR 15788 Lao 23/19	38 93				106 57		
				Cap.				20	86 57		
				AR 34322 Lao. 14-2-19	38 93				47 64		
				bl. 42224 " 28-2-19	43 80				38 4		
Mar	Paid.	93-		Cap.				20	76 84		
				AR. 49256 Lao. 13-3-19	38 93				37 91		
				AR. 56356 " 28-3-19.	34 07				5 84		
		97-			22386			140			
Apr.	Paid 3.00	90		Cap.				20	73 84		
				AR. 61356 Lao. 10-4-19.	38 93				34 91		
				AR 66290 " 30-4-19	34 07				84		
May	Paid 3.00	93		Cap.				20	73 84		
	" to Sgt belt 1/5/19 to 3 1/5/19. 31 days @ 354	1085							84 69		
				AR. 69869 Lao. 15-5-19.	38 93				45 76		
				AR. 72401 " 29-5-19.	34 07				11 69		
		19385			14600			40			
June	Paid 335	10050		Cap.				20	92 19		
				AR. 74563 " 13-6-19.	43 80				48 39		
				AR. 76770 " 27-6-19.	43 80				4 59		
July	Paid 335	10385		Cap.				20	88 44		
		20435			8760			40			
				AR 79340 Lao. 11-7-19.	43 80				44 64		
				CP. 82123 " 30-7.	43 80				84		
					8760						
Aug	Paid 335	10385		Cap.				20	84 69		
				AR. 83369 Lao. 14-8.	43 80				40 89		
		10385			4380			20			
Sept	Paid 335	10050		Cap.				20	12 139		
				AR. 85419 Lao. 27-8.	38 93				82 46		
		10050			38 93			2			
Oct	Subs 1 to 6 @ 1.50	9.							91 46		
	Subs. 7 to 10/10/19 Hdys e1.50	6		AR. 87658 24-9.	43 80				47 66		
				AR 8686 10-9.	38 93				8 73		
				CP. 88081 27-9.	29 20				20 57		
		9			111 93						
				B148551 Lt. W. S. A. 4/4/19 4/4/19.							27 16
				AR 4005 Sub 14/9. E.P.C.	33						
				AR. 00417. Lao. 3/10/19. E.P.C.	19 47						
				AR 1066 Sub 11/10/19.	48 7				30 14		27 16
		10			24 17						

40-89
 38 93
 1.966

111.93
 91 46
 20.47

To be attached to Attestation Form.

Name. Mullar. Heer

Address. Rempew. Out

Are you your parents' sole support (if an only son) No

1900
M. C. W. C.

100

No. of DEPENDENTS

WITHOUT DEPENDENTS

SHORT FORM.

Embarked S'Hampton

PROCEEDINGS ON DISCHARGE.

22-10-19 RMS 'Ryl-George

(Demobilization.)

120

16-9-40

FILE

1919

OCT 14

STAGIAN DISCHARGE AREA

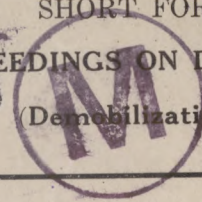
DISPENSABLE AREA

BRUXTON, DERBYSHIRE

NEXT OF KIN

RELIGION.

Presb



1. No.

132705

War Service Badge 403474

2. Rank.

Sgt

Class "A" No

3. Name.

MILLER

Heun William

4. Unit.

260

93rd Bateria

5. Date of Discharge

NOV 9 1919

Place

6. Reason for Discharge

CATEGORY

BII

TRADE

Student

OCCUPATIONAL GROUP

19

SERVICE IN FRANCE

10 months

7. Authority.

Routine Order 1420

8. Proposed Residence after Discharge

*2049 Elphinstone St.
Legna*



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.?

34

*Deceased 26-10-41
649-M-13823*

J. W. Miller

Signature of Soldier.

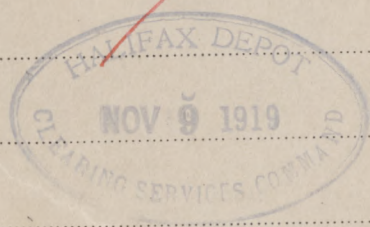
10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date



Medical Documents forwarded to
S. C. R. or B. P. C.
on
21-11-19

Signature

W. J. [unclear]

(O. C. Discharging Unit.)

CLEARING SERVICES COMMAND

SHORT FORM
PROCEEDINGS BY DISCHARGE
Discharge

1. Name of Soldier	
2. Grade	
3. Branch	
4. Serial	
5. Date of Discharge	
6. Character of Discharge	
7. Reason for Discharge	
8. Name of Discharging Officer	
9. Signature of Soldier	
10. Date	
11. Place	
12. Remarks	

O. O. Discharge (Jan)

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate	Medical Form W-13
or Particulars of Remarks	Medical Form W-12
Field Conduct Sheet	Medical Form W-11 or A.F. B. 122
Casualty Form	Medical Form W-10 or A.F. B. 100
Last Pay Certificate	Medical Form W-9
Certificate that missing documents are furnished	
Medical History Sheet	Medical Form B-12 or A.M.D. 113
Proceedings of Medical Board	
Dental History Sheet	
Medical Report	
Regional Conduct Sheet	
Company Conduct Sheet	

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruitment.....	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

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 Argyll House DATE 18-7-16

1. 1 (a) Unit 420M710 (b) Regimental No. 132705 (c) Rank Sgt
 (d) Surname MILLAR (e) Christian name HECTOR WILLIAM
 (f) Home address Renfrew Park
 (g) Next of Kin Albert James Miller (h) Relationship Father
 (i) Address of Next of Kin Renfrew Park

2. Age last birthday 22 Date of birth 16/6/97

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date 24-9-15

4. Personal description:
 (a) Height 5-15" (b) Weight 130 (c) Complexion Dark
(stripped)
 (d) Colour of hair DBrown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Scars on forehead & scar left upper arm B.S.W.
Student

5. Former trade or occupation Student

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
	<u>3</u>	<u>274</u>

7. Statements	PERIODS	
	From	To
Canada <u>Doct.</u>	<u>24-7-15</u>	<u>31-3-16</u>
England	<u>9-4-16</u> <u>6-3-17</u>	<u>13-8-16</u>
France or other theatres of War	<u>13-8-16</u>	<u>6-3-17</u>

7. Original disease, or injury G.S.W. Left upper arm
LEFT UPPER ARM

(a) Date of origin 1-3-17 (b) Place of origin Univ Ridge
 (c) Cause Machine-gun bullet.

Halifax 1-11-19 Auditor McChaughey
W. S. L. Finlayson

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.)

ATROPHY DELTOID MUSCLE. Slight Loss of MOVEMENT; MODERATE WEAKNESS.

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 Has 1" atrophy of the left upper arm. (DELT) Cannot raise the left arm as high as the right (90° Movement Point)

Subjective: States he cannot move it nearly as freely as the right arm. Pain in left shoulder extending down arm aggravated by damp cold weather and work Cannot lift heavy objects

(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).)

States was alright until wounded 1-3-17 Hosp. 9-3-17 to 13-9-17 Condition has remained practically the same during the past two years.

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.)

as in 477

11.—(a) Did the disabling condition have its origin before enlistment?

No-

(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.)

N A

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

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?

6 mos-

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Hospital

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

(If the answer is "yes" state nature of treatment required and probable duration)

No

16. Can the former trade or occupation be resumed?

(If not, briefly state why)

as a student yes

17. Recommendations

R. M. [Signature]

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 *Victor William Miller* have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

A.B.

H. Miller *Sergeant* 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.

Concur. Lt Capt G. G. (A) add circumstances of upper part of left arm is less than the right. Can practically bring both hands together over head. Grip power of left hand estimated 1/4 less than right. Soft systolic murmur at pulmonary and aortic areas. (probably functional). slight adherent scar at axilla and upper part of left arm. Q. 10(A) Bullet entered about 2 ins to inner side of head of humerus passing downwards and outwards through fleshy parts and emerged outer and upper part of left arm

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.)

1311
> no.

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Boarded for return to Canada
auth. G. G. Lel 9083 911-1-18

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.

PLACE 13 Berners St
DATE 24-7-19

Harold Buck President
Major Camm
a. Bonstedt Major Camm
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.

PLACE.....

DATE.....

APPROVED BY.....

APPROVED BY.....

President

Members

Assistant Director of Medical Services.

DATE.....

Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area.

ASSISTANT DIRECTOR OF MEDICAL SERVICES,
CANADIANS, LONDON AREA
Director-General of Medical Services.
DATE JUL 25 1919
13, BERNERS ST. LONDON, W.1

File M 1415. S. S. Royal George. 31-10-19.

AUDITOR *gn* PAYMASTER *gn*

No. 12 DISTRICT DEPOT

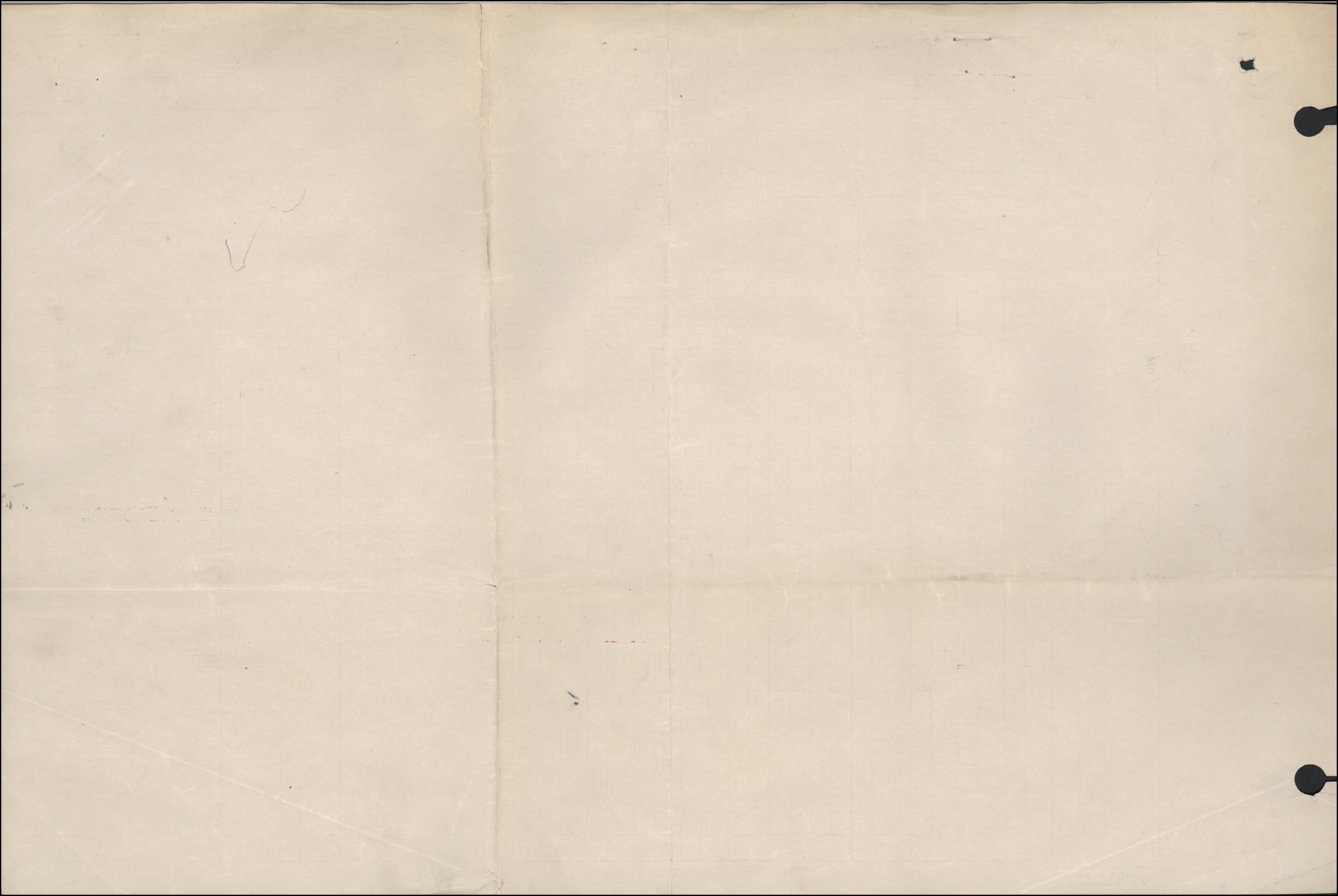
PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. _____ REGT. NO. *132705* RANK *Sgt* NAME (IN FULL) *MILLER H W*
 ORIGINAL UNIT C.E.F. *79th* IF IN P.F. WHAT UNIT? _____
 DATE OF ATTESTATION _____ PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION _____ PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 IS SEPARATION ALLOWANCE PAID? _____ DATE EFFECTIVE _____ ASSIGNED PAY \$ *20.00* DATE EFFECTIVE *1-12-19*
 TO WHOM PAID *Mrs H.W. Miller wife* RELATIONSHIP *wife* ANY CHANGE IN ASSIGNEE OR ADDRESS _____
 ADDRESS *145 RAVENSLEA ROAD, BALHAM, LONDON, SW. ENG.*
 ADDRESS _____
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____
 DISCHARGED _____ PLACE *Halifax* DATE *9-11-19* REASON *Demob* AUTHORITY _____ IF ENTITLED TO POST DISCHARGE PAY *Yes*

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		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	DEBITS	CREDIT		DEBIT	CREDIT
					\$	C.														
<i>30-9-19</i>	<i>11.2</i>	<i>1.85</i>	<i>77.70</i>	<i>70.00</i>				<i>19.47</i>					<i>20.47</i>	<i>20.47</i>	<i>20.47</i>		<i>Dr 20th - Paid L.P. 6</i>			
				<i>35.00</i>				<i>33</i>									<i>Dr 3rd - OP 10.11.11-19</i>			
								<i>H. 87</i>									<i>Dr 7th - 1st W.S.G.</i>			
								<i>H. 87</i>									<i>Dr 35th - 6 to allow</i>			
<i>1-10-11-19</i>	<i>11.2</i>	<i>1.85</i>	<i>77.70</i>	<i>70.00</i>				<i>4.87</i>									<i>Boat</i>			
								<i>5.00</i>									<i>Train</i>			
																	<i>182 70 Cheque</i>			
																	<i>182 70</i>			
																	<i>WAR SERVICE GRATUITY M.D. 12</i>			
																	<i>WAR SERVICE GRATUITY M.D. 12</i>			
																	<i>370</i>			
																	<i>70.00</i>			
																	<i>66.30</i>			
																	<i>140</i>			
																	<i>140</i>			
																	<i>76</i>			
																	<i>189</i>			
																	<i>140</i>			
																	<i>6</i>			
																	<i>6.15</i>			
																	<i>189.00</i>			
																	<i>609.00</i>			
																	<i>189.00</i>			
																	<i>6 months dependents postion</i>			
																	<i>SA 1-9/11/19 vide A.P. 012845H-124</i>			
																	<i>SA Eng. England L.L.S. # 512</i>			
																	<i>1663076</i>			
																	<i>1665635</i>			
																	<i>1665635</i>			
																	<i>1665635</i>			

Hold further payments to W.S.G.
 Last payment of 70.00 to soldier applied against overpayment of 77.00 to wife.
 27/120.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

M

16274

274
April
June 1/16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 132705.

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *H. Millar*
Battalion *73rd Battrn "C" Coy*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

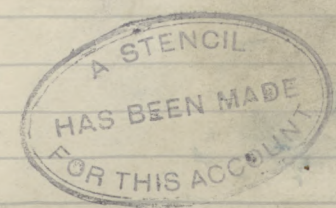
Name *Miss G. Millar*
Address *2040 Elphin Stone Regina Sask.*
Change of Address

Sister

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>			<i>42.0</i>	<i>42.0</i>	<i>✓</i>
<i>Jan</i>	<i>L 66097</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Feb</i>	<i>K 75352</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Mar</i>	<i>O 94798</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>April</i>	<i>M 9975</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>May</i>	<i>R 13852</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>June</i>	<i>L 26011</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July</i>	<i>J 34286</i>		<i>20</i>	<i>20</i>	
<i>Aug</i>	<i>P 36800</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Sept</i>	<i>L 48115</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Oct</i>	<i>X 52384</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Nov</i>	<i>T 58834</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Dec 19</i>	<i>Y 66628</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Jan</i>	<i>X 74640</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Feb</i>	<i>W 73581</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Mar</i>	<i>K 91241</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>April</i>	<i>P 1298</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>May</i>	<i>G 6215</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>June</i>	<i>H 10086</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July</i>	<i>F 12723</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Aug</i>	<i>P 13113</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Sept</i>	<i>A 17555</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Oct</i>	<i>B 15130</i>		<i>20</i>	<i>20</i>	<i>✓</i>

M. F. W. 128
400M-6-17-1772-39-1141
L. L. 22220-M. & D. 7493.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

M
12674
April 16

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *132703*

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *A. Millar*

Battalion *78th Bn. R. Coy*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Miss G. Millar*

Address *2040 Elphin Street*

Change of Address *Regina Sask*

1

2

3

4

XM 58
Car.

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1919</i>					<i>012845-11-12</i>
<i>Oct</i>	<i>Lwd</i>		<i>860</i>	<i>860</i>	
<i>Nov</i>	<i>Q 14626</i>		<i>20</i>	<i>20</i>	
			<i>880</i>	<i>880</i>	

A/c Closed 30-11-19

Ret'd by Royal George

Date 1-11-19 M.F.W. 187 245 12

Clerk W.H. 11/19

MOL/P128514

M. F. W. 128
40096-6-17-1772-38-1141
L. L. 22320-M. & D. 1593.

AUDITED

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Eastbourne 10th September 1917.

No. 132705 Rank Pte Name Millar, H.

Local Unit 3rd C.C.D. Overseas Unit 73rd Bn Age 19

Examination held at Canadian Military Hospital, Eastbourne.

DISABILITY.
Overseas—Local
(scratch one out).

Atrophy Deltoid Muscles.

Circumflex Nerve Lesion (Partial)

PRESENT CONDITION.

*Atrophy of deltoid muscle partial
has good movement in shoulder*

CANADIAN
MILITARY HOSPITAL,
→ 11 SEP 1917 ←
EASTBOURNE, SUSSEX.

BOARD RECOMMENDS:—

Reg. Depot B.M.

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Dutyweeks.
- 4. Fit for Permanent Base Duty.....
- 5. Discharge

Signatures:—

J. Law

Major CAMC
President.

Members {

[Signature]
[Signature]

Capt. CAMC

Capt. CAMC

APPROVED

Dated 11 SEP 1917 1917.

K. Anderson

Capt. CAMC

PROCEEDINGS OF A MEDICAL BOARD.

Dated at _____ 1917

No. _____ Name _____

Local Unit _____ Age _____

Examination held at _____

DISABILITY
Over years - Local
Kept on

PRESENT CONDITION

BOARD RECOMMENDS -

- 1. Fit for Duty
- 2. Fit for duty after _____ weeks physical training
- 3. Fit for Temporary Base Duty _____ weeks
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signatures -

President

Members

APPROVED

Dated _____ 1917

For A.D.M.S.