Unit C.A.M.C. Rank Nur.Sis. Name Miller, Mary Elizabeth

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? Miller.
   (*b*) What are your Christian Names ? Mary Elizabeth.
2. (*a*) Where were you born ? (State place and country) Renfrew, Ont., Canada.
   (*b*) What is your present address ? 11456 95th St., Edmonton Alta.
3. What is the date of your birth ? April 10th, 1886
4. What is (*a*) the name of your next-of-kin ? James G. Miller
   (*b*) the address of your next-of-kin ? 11456, 95th St., Edmonton, Alta.
   (*c*) the relationship of your next-of-kin ? Father
5. What is your profession or occupation ? Prof. Nurse.
6. What is your religion ? Presbyterian.
7. Are you willing to be vaccinated or re-vaccinated and inoculated ? yes.
8. To what Unit of the Active Militia do you belong ? Nil.
9. State particulars of any former Military Service Nil.
10. Are you willing to serve in the
    CANADIAN OVER-SEAS EXPEDITIONARY FORCE ? Yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

M E Miller Nur.Sis. (*Signature of Officer.*)

Taken on strength (place) Kingston, Ont.

(date) Mar., 19, 1917.

Lieut-Col.A.M.C.
(*Signature of Commanding Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider ~~him~~ her fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Mar., 21, 1917. 191

Place Kingston, Ont.

Lieut-Col. A.M.C.
Medical Officer.

*Insert here "fit" or "unfit

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

11/7/19.
adj.

REGIMENTAL DOCUMENTS

NAME Millar Mary Elizabeth REGT. NO. n/sister UNIT e.a.m.c. 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)	10/7/19	M Pers	12-7-19	Pers — 8446 48	DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Returned	24-10-19		Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				20678	
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demobilization
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)	20/10/19				
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Disp. Cert.					
1	M.F.W. 67.					
1	M.F.W. 2591					
1	Card					
1	Casecard					
1	R.I.P.					

H

L/08462

Ref. S.S. Northland 26/6/19.

W. 2589
100M-11-18
1772 39-1377

NAME Millar W. E REGT. No.

RANK AND UNIT N.Sth Camc 11 CGH

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
1246(2)	1 Can. Gen. Shorncliffe	15/2/19	influenza
1246(2)	Discharged	26/2/19	"

Form R. 149.

E1813.

Name MILLAR ~~E~~ Mary Rank N/Str. Reg. No. ~~M~~ Elizabeth

Unit CAMC 11 C.G.H.

Next of Kin Canada.

Date 1919	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-2	11 Can.Gen.Hosp.	Shorncliffe (7001)				
~~xx2x2~~		Influenza.		1246		
26-2	Discharged,			1246		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

H. Q. 392-13-485

M. D. No. K.I.

Surname Miller

Christian names Mary Elizabeth

Regtl. No. Rank n/S

Unit C.A.M.C.

T. O. S. 19

D. O. Pt. II of

S. O. S. Dis 12-7-19 19

Reason Demob

Auth. R.O. 2203 of 3-10-19 Mp 1 n/s

Next of kin

Relationship

Address

Also notify:

BORN—Place Canada

Date Apr 10th 1886.

ATTESTED—Place

Date

O/S 6-4-17 Esquimalt.

Rel-O/S 3-9-18 Saturnia

X R/C 5/7/19 362 2 n/S.

W. 22—50M.-3-19. 1772-3 -839.

Form DMS 1401.

No. 12 CAN. GENERAL HOSPITAL HOSPITAL.

A. & D. CARD

AT

A. & D. No. 10 PL. OF ACTION Egypt 6

RANK N.S. REG. NO. UNIT Elizabeth SICK OR WOUNDED

NAME Miller Mary AGE RELIGION C.E.

PLACE IN HOSPITAL Sick Hut.

DIAGNOSIS Influenza

ADMITTED 2-2-19 FROM

DISCHARGED 18 2 19 TO Duty

TRANSFERRED

SERVICE AT HOME IN FIELD

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

CANADIAN EXPEDITIONARY FORCE

W.W. 1940.
T.N.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing-Sister.

(Name in full) Mary Elizabeth MILLER.

Enlisted in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the [illegible]

day of [illegible] 191 AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Nineteenth day

of March 191 7.

She SERVED in CANADA, England and France with the C.A.M.C., C.A.M.C. Depot., Granville Can. Special Hosp., #1 Can. Gen. Hosp. , #2 Can. Gen. Hosp., C.A.M.C. Cas Coy. Shorncliffe., #15 Can. Gen. Hosp.

and was STRUCK OFF THE STRENGTH on the Twelfth day

of July 191 9 by reason of General Demobilization.

Dated at Ottawa, this Twenty-First. day

of January [illegible] 1920.

[signature]
Lieut.
for.
Director of Personal Services.

M. F. W. 2618a
30m.—4-19.
1772-39-1428.

CERTIFIED CORRECT
4 - AUG 1917
CANADIAN RECORD OFFICE

1

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

M. F. W. 54. (A. F. B. 103.)
350M—16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps A.M.C

Regimental No. ..... Rank Nur. Sis. Name Miller, Mary Elizabeth.

Enlisted (a) ~~19-3-14~~ 4 Terms of Service (a) C. E. F. Duration of War Service reckons from (a) ~~19-3-14~~

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) Nursing Sister

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked	Canada	6-4-17	
		Disembarked	England	16-4-17	
24-4-17	C.A.M.C.	TAKEN ON STRENGTH	Westernland	16-4-17	Pte DO. 114.
25-4-17		Posted to Gran: Can: Spec: Hosp:		17-4-17	Pte DO. 114
14-4-17	O.C. Gl. H.	Taken on Strength	Ramsgate	14-4-17	Part II D.O. 108
1-4-17	" "	S.O.S. to C.A.M.C.D. for duty Overseas.	Ramsgate	1-4-17	Part II D.O. 18
8/7/17	C.G.H.	Reinforcement 110/121 Dft. etc/541 etc (Canada) Ref file 13679		28/6/17	2/7/17 B213 Pte 46 dt 19/7/17
9/3/18	"	Granted 14 days leave. U.K.		9/3/18	B213 d/ Mar 5 d/ 19 3/18
30-3-18	"	Rejoined from Leave		3/18	B213

H.M.H.S. "ASKNORTHLAND" R.A.M.C. 19

CAPT. ASST. ADJUTANT-GEN. FOR D.G. A.M.C. TRAINING SCHOOL

Major, C.A.M.C.
For O.C. Granville Canadian Special Hospital, Ramsgate.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
8/6/18	1 C G H	Temp Duty to No 2 C.G.H. Cuckfield D G M S. B/1523/98 9/6/18		1/6/18	B213 KM 20421 Pt II No 46 of 1918
31.9.18.	2C.G.H	14 days leave to U.K.		18.9.18.	B213 Pt No 75 of 1918.
5.10.18.	"	Rejoined from leave.		4.10.18.	B213.
30.11.18.	"	Leave to be att. to on rejoining own unit No 1 C.G.H. D.M.S Canada letter 6850 of 4.12.18	No 2 C.G.H.	26.11.18	B213 KM. 20421 Pt 97 of 1918.
19-2-19	A.A.G.	Posted to C.A.M.C. Casualty Co Shorncliffe Authorization in Chief's No 15/58 dated 15-2-19	Shorncliffe	19/2/19	KA 3897.2 Pt II D. 8 of 1919 C. A. Howell Lieut. for Lt. Col., A.A.G., Canadian Section
19-2-19	OC XI C.G.H	T.O.S from C.A.M.C.	Shorncliffe	19-2-19	A.F.W. II D.O. # 14
16-6-19	"	S.O.S & # 15 C.G.H	"	14-6-19	A.F.W. II D.O. # 56 H. Hungerford CAPT. & ADJT. FOR O/C No. XI CAN. GEN. HOSPITAL MOORE BARRACKS, SHORNCLIFFE
24/6/19	amsd 4/ 24/4/19 26/6/19	TOS on Posting from # 116248 effect 16/6/19	Tuplow Bucks	24/6/19	A.F.W. II 1398 of 22/6/19
24/6/19		SOS & D M T D Ca Embarkation pt Canada	Tuplow Bucks	26/6/19	J. Hamilton Maj. C.A.M.C. REGISTRAR & ADJUTANT FOR OFFICER COMMANDING

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

M. F. W. 54. (A. F. B. 108.
50[illegible]-9-16
H. C. [illegible]2-39-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps C. a. m. C.

Regimental No. ..... Rank N. Sist. C. E. F. Name Mellaé M. E.

Enlisted (*a*) ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

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*) .....

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				
11/4/19	[illegible] Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 1	26/6/19	C.E.F. R.O. No. 2043-19
3-10-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 1	12-7-19	C.E.F. R.O. No. 2203-19
		W. Hunter Capt. for Director Personal Services			

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(*b*) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

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				

DUPLICATE.

MEDICAL HISTORY SHEET.

Surname Miller. *Christian Name* Mary Elizabeth

Examined { on 21 day of March 191 7
at Kingston,

Birthplace { City or Town Renffew,
County Ontario.

Apparent age 31

Trade or occupation Prof. Nurse.

Height 5 Feet 8 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 38 inches.
Maximum expansion 3 inches.

Physical development good.

Small-Pox Marks No.

Vaccination Marks { Arm Right. Left. X
Number 1

When Vaccinated last 14 years ago

(a) Marks indicating congenital peculiarities or previous disease nil

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

Approved by J. Gardiner

Rank Lt-Col. A. M. C. M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
2.7.17	good	J. Gardiner Lt-Col M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
20-3-17	good.	J. Gardiner Lt-col. M.O.
26.3.17	good	J. Gardiner Lt-Col M.O.
3-4-17	good	J. Gardiner Lt Col. M.O.

Enlisted on 12 *day of* March 1917 *at* Kingston, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	C.A.M.C.	Nursing Sister		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-4?9.

Surname..... Christian Name.....

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

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins ..... C.A.M.C. .....

.....

(2) Regimental Number ..... Nursing Sister. .....

(3) Full Name of Soldier ..... Mary Elizabeth Miller. .....

.....

(4) Place of Birth ..... Renfrew, Ont., Canada. .....

.....

(5) Are you married, or not ? ..... --- .....

(6) If married, state,
(a) Full name of your wife ..... --- .....

.....

(b) Present Postal Address ..... -- .....

.....

(7) Are you a widower ? ..... -- .....

(8) Have you any children ? ..... -- .....

If so, give number of boys and girls ..... -- .....

Also their names and ages ..... -- .....

.....

.....

.....

.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes. James G. Miller.

If so, state name and address 11456, 95th St., Edmonton, Alta. Canada.

(10) Is your Mother alive? Yes. Ellen Miller.

If so, state name and address 11456, 95th St., Edmonton, Alta. Canada.

(11) If your Mother is a widow. --

Are you her sole support, or not? --

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

--

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

--

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

--

15) Are you insured? No

If so, in what Company? --

Have you made arrangements for payment of your Insurance premium. --

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Lieut-Col. A.M.C.
Officer Commanding.

Date Mar., 21, 1917.

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

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

No. ..... Rank N/S. Surname MILLAR.

(Given name in full) MARY ELIZABETH.

Unit or Corps C Army Corps Birthplace Pembroke Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 133 lbs. Height 5' 8 in. Colour of Eyes Brown.

Nutrition Fair.

Pulse 74

Condition of arteries Normal.

Vision Rt. 6/36 Left 6/24

Hearing (conversational voice) Rt. 20/20 ft.

Left. 20/20 ft.

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

Nil.

Opinion as to general health and physical condition In fair health and condition.

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

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of Mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

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

Has had bronchitis but the lungs have now cleared up.

Also there has been a pain in the upper part of the hips - this appears to have been of a rheumatic nature - The N/S is now free from pain or discomfort but is not quite in normal health or strength yet.

Nose Erosion on septum & small blood clot in Gen Service.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Shorncliffe Kent (Overseas)

Date 3rd March 1919 Signed G. R. Duncan Capt. M.O.

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

Signature M. E. Miller N.S.

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed ..... M.O.

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

Signature .....

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

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

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MILLAR, M. E.

REGIMENT came RANK Pte/Sgt No.

Date of Examination in England 3/3/19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS X
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper X
   - (*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 M Rogers

ORIGINAL

4-M-120

1 P.M.

LAST PAY CERTIFICATE

Regt.No. —— Rank N/S Name MILLER Mary Elizabeth

Corps Came who was ~~Discharged~~ Struck Off Strength

on 12-7— 1919 to

The following is a statement of the account of the above named from Adjusted to 12-7-19

Bal Dr from mon. of from L.P.C.		Bal Cr from mon. of from L.P.C.	
ASSIGNED PAY: $504284	40.00	Regt.Pay dys. @ $ 300	
		F'ld All. dys. @ $	
SEPARATION ALLOWANCE:		SEPARATION ALLOWANCE: W.S.B.	90.00
O/a Messingallee	36.00	OTHER CREDITS: Nil	
OTHER CHARGES: ~~Clothing Allowance~~		~~35.00~~	
O/en P+a 13-7 to 31-7-19	57.00	No 204 Subsce from 8-7-19	
PAYMENTS: On Boat	90.00	Subsistence @ 80¢ per day	8.50
Bal.Credit (to be pd.)	223.00	Bal.Dr.(to be deducted)	124.50
		(from soldier $)	
		(from Dependant $)	223.00

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BND
at $ per month has been to by this Unit Nil	at $ 40 per month has been paid to 31-8-19 by this Unit	Subscribed $ Pa.by $ other Units pd.by this Unit $ Nil

Dependent or Beneficiary : J. G. Miller

Address: 11456 — 95 St. Edmonton alta Canada

REMARKS: D.O. 280 ~~Discharged~~ S.O.S. 12-7-19 on Demobilization.

Date of Enlistment: 17-3-17

If married and if Separation Allowance card submitted. No No

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

Paymaster, District Depot

OCT 8 1919

No. 1 LONDON, ONT.

Date:: London, Ontario.

S D Patterson Captain.

Paymaster, No.1 District Depot.

.....M. D.....Depot Battalion.....Regiment

Regtl. No.....

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

1. Surname.....
2. Christian name.....
3. Present address.....
4. Military Service Act letter and number.....
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension. or surrender)
5. Date of birth.....
6. Place of birth.....
   (town. township or county and country)
7. Married, widower or single.....
8. Religion.....
9. Trade or calling.....
10. Name of next-of-kin.....
11. Relationship of next-of-kin.....
12. Address of next-of-kin.....
13. Whether at present a member of the Active Militia.....
14. Particulars of previous military or naval service, if any.....
15. Medical Examination under Military Service Act :—

    (a) Place.....(b) Date.....(c) Category.....

DECLARATION OF RECRUIT

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

.....(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... yrs.....mths.

Height.....ft.....ins.

Chest measurement { fully expanded.....ins. / range of expansion.....ins.

Complexion.....

Eyes.....

Hair.....

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

.....

O. C.....Depot Btn.

.....Regt.

Place..... Date.....

M. F. W. 133.
500M.—5-18.
1772—39—1158.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. James G. Miller
(Assignee)

Name of Soldier Miller. Mary Elizabeth
Dau Sister. Adm.

I. L. Job 5470—Req. 6888.

40 00 APR 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April	✓	M 5776	40	
May	✓	306 15	40	40 B.
June		O 16876	40	Cu
July		Y 23731	40	B.
Aug.		M 33614	40	
Sept.		M 39660	40	D
Oct.		6. 44036	40	
Nov.		N 50616	40	
Dec.		M 61113	40	
Jan.	1918			360
Feb.				
March				
April				
May				
June				
July				

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.				

L-L.Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H.Q. 1772-39-819

To Whom James G. Millar

Address 1456. 95th St.
Edmonton
Alta

Rate 40.00

APR 1917

By Whom Assigned Millar. Mary Elizabeth

Regtl. No.

Rank Nurse Sister

Corps C.A.M.C.

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				

CONSOLIDATED 3 ACCOUNT

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

UNIT. NAME OF ~~DATE AUTHORITY~~ Rates

RANK. DATE AUTHORITY

NAME.

Beneficiary
Address

Amount. $40 00 Can.
Separation Allowance issued. Yes or No.....

C.A.M.C.T.D. Pay $2.00 Pd. N/S From. Can.
F.A. 60 " D.M.S.Co 510.
Mess $1.00 " d/20 4/17

Name Miller
Initials M.E.
Bank of Montreal
Traf. Sq.

addon jitaeeee 1 4/19.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918								
april 15	A. Pay Can				40			
	April Pay (R)		108					
26	Bank.	1187		68				
May 10th	A Pay. Can.				40			
16	May Pay (R)		111 60					
27.	Bank.	2683.		71 60				
June.	June. Pay (R)		108.					
" 14	A Pay Can				40			
26.	Bank.	4166.		68				
July 13	July Pay (R)		111 60					
	A. P Can				40			
26.	Bank.	5635		71 60				
aug 13	aug Pay R		111 60					
14	a. P. Can				40			
26	Bank.	7272.		71 60				
Sept 10	Sept. Pay (R)		108.					
	A. P Can.				40			
26	Bank.	9187.		68				
Oct 12.	Oct. Pay (R)		111 60					
	A. P. Can.				40			
20	Bank	10428	140 X28	71 60				
nov.	nov Pay R.							
	a P Can				40			
26	Bank -	12502		100				
Dec 11	Pay R.		124					

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

UNIT. NAME OF — Rates ~~DATE~~ ~~AUTHORITY~~

RANK. DATE AUTHORITY

NAME.

Beneficiary

Address

Amount. $ 40 00 Can.

Separation Allowance issued. Yes or No.....

CAMC 4 D. — Pay $2-00 pd. / Y. a. 60 / Mess. 1-00

Hys. — from Canada. DMSCO.510 d 20 4/19.

Name Miller.
Initials M. G.
Bank of Montreal Trafalgar Square.

DATE 1918-19	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
						124		
Dec 13	A. P. Can.				40			
18	Bank	13792		84		~~0~~		
Jan 15	A.P. Can.				40			
16	Bank	15564	124	84		~~0~~		
Feb 10	Pay R.				40			
17	A. P. Can.		112					
22	Pay R.			72				
Mar 15	Bank	17121			40			
19	A. P. Can.		124				Fcs. 39. 13	
19	Pay R.							
19	Trav. allce France 25-27 11/18	3344						
24	Bank	18694		84				
Apr 5	Add out fit allce. 1/19	No. 88	100					
	Bank	219		100				
	A. P. Can.							
10.	April Pay (R.		120					
12.	A. P. Can.				No			
23	Bank	1054.		80			£ 6-7-6	
26	Trav. Exps. 5-13 2/19	0889						
May 9.	May Pay (R.		124					
	A.P. Can				40			
	Bank	2884		84				
June 16	Add June & July to A	Bank		164				
	A.P. Can				40		Refd to Canada C.R.L. 31/19 (DMS) Mem re Nos Cancelled	
	Pay (R.)		120			84		

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY. | **UNIT.** NAME OF | DATE | AUTHORITY | **RANK.** | DATE | AUTHORITY | **NAME.**

Beneficiary — C.A.M.C.S.T.D. — Pay. #2 to Pd. — N/S. — Mess. ~~DATE~~ 16/4/17 — Fr. Canada Dmo Co 510 d/20/4/17. — Name Miller

Address — Canada — F.A. 60 — Mess 1.00 — Initials M. G. R

Amount. $ 40.09 fr 1/4/17 — Bank of Montreal, Trafalgar Square. 1/18

Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
April 26	Pay A. @ N.S. rates fr. 1/4/17 - 30/4/17. Mess fr. 16/4/17 Less A.F.B. 40		83					
	Bank		2440	53				
27	R.A. @ N.S. rates Mess fr 16/4/17 Dmo S.C. 0510 d/20/4/17 P.C. Can to ff 1/5/17	Vo 1655	93			Cr 40		
May 11	A.P. Canada.				80.			
" 15	May Pay. (R)		111 60			71 60		
21	Bank.	6003		71 60		0		
June 14	June Pay (R)		108					
" 8	A.P. Canada				40	68		
21	Bank	7998		68		0		
July 19	July Pay (R)		111 60					
" 17	A.P. Canada.				40	71 60		
" 24	Bank	13029		71 60		0		
Aug 18	August Pay (R)		111 60					
14	A.P. Canada				40	71 60		
21	Bank	17080		71 60		0		
Sep 14	Sept Pay (R)		108					
" 11	A.P. Can.				40	68		
20	Bank	21813		68		0		
Oct 15	October Pay (R)		111 60					
11	A.P. Can				40			
19	Bank	26291		71 60				
Nov 14	November Pay (R)		108					
13	A.P. Can				40			
19	Bank	30681		68				

carried forward

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY. | UNIT. NAME OF | DATE | AUTHORITY | RANK. | DATE | AUTHORITY | NAME.

Beneficiary
Address

Canada

Amount. $ 40 from 1/7
Separation Allowance issued. Yes or No.....

Pay. # 2 00 Pd.
F.a. 60 "
Mess. 1. 00 "

R/Buster

Name Miller
Initials M.E.
Bank of Montreal.
Trafalgar Square, 1/8

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
Dec. 7	A.P. Can				40			
6	Dec: Pay R.		111 60					
1918 13		Bank	35096	71 60		"		
Jan 15	A. Pay. Canada.				40			
11	Jan. Pay (R.)		111 60					
" 21		Bank.	39501	71 60		"		
Feb. 15	Feb Pay. (R.)		100 80					
9	A. Pay. Can				40			
" 22		Bank.	40996	60 80		0		
Mch 15	March Pay. (R.)		111 60					
" 12	A. Pay. Can.				40			
22		Bank.		71 60		0		

FORM P.15
7847 10M 11-2-19 D.565

ASSIGNED PAY.

UNIT. Sheet 2.

NAME OF UNIT. CAMC

RATE OF P. AND A. Pay 2 F.A. 1 Messing 1/4

RANK. N/S

DATE AUTHORITY

NAME.

Name Miller

Initials M E

Bank of Montreal Trafalgar Sq.

Beneficiary

Address Can

Amount $ 40

Separation Allowance Issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS
	Balce fwd					Dr 84	L.P.C. 31/7/19	
July 15	A.F. Can. Pay R.		124		40			
							Jr Lt to Lt 2 15/7/19	

FORM P.15

7847 10M 11-2-19 D.565

ASSIGNED PAY.

UNIT.

NAME OF RATE OF P. AND A.

RANK.

DATE AUTHORITY

NAME.

Beneficiary

Address

Amount $

Separation Allowance Issued. Yes or No.....

Pay

F.A.

Messing

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch M 16449

OVERSEAS CONTINGENTS

Date of Assignment 4/33 Apr 1/17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

40			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N. S. Promoted Reverted Discharge

Soldier's Name Mary Elizabeth Miller

Battalion C. M. D.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name James G. Miller

Address 11456-95 St. Edmonton Alta

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31			360	360	
Jan 18	V 67444		40	40	✓
Feby	W 74487		40	40	✓
Mar	O 95189		40	40	✓
April	M 10375		40	40	✓ ✓
May	R 14264		40	40	✓
June	L 26417		40	40	✓
July	H 28002		40	40	
Aug.	P 37215		40	40	✓
Sept.	S 48549		40	40	✓
Oct	X 52820		40	40	✓
Nov 6	T 54268		40	40	✓
Dec 19	Y 66920		40	40	+
Jany	U 69409		40	40	✓
Feby	W 73948		40	40	✓
Mar	U 91581		40	40	✓
April	P 1566		40	40	✓
May	4 6437		40	40	✓
June	H 10220		40	40	✓
July	F 12807		40	40	
			1120	1120	

O 12847-M-34 REMARKS

A/c Closed 31-7-19 to D 1,

Ret'd per Northland

Date 5-7-19 M.F.W.187 17-7-19

Ltr'd Jr. Clarke Take 10603-9 Jun

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128.
400M. 6-17—1772-39-1141.
L. L. 22320—M. & D. 1933.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank — Promoted — Reverted — Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
400M.—6-17—1772-39-1141
L. L. 22330—M. & D. 7663.

AUDITOR | PAYMASTER

M. OR S. — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. — RANK N/S — NAME (IN FULL) MILLER Mary Elizabeth (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. CAMC — IF IN P.F. WHAT UNIT? Royal Bank, Jasper Ave Edmonton

PLACE OF ATTESTATION — TRANSFERRED TO Do 19 T.O.S. 26-6-19 — DATE 1 to Cas 60 & 7 19 — AUTHORITY Ord

DATE OF ATTESTATION 17-3-17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 40.00 paid to 31-7-19 — DATE EFFECTIVE

PAYABLE TO J G Miller — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS (1196) 11456-95th St. Edmonton Alta.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE LONDON, ONT. — DATE 12-7-19 — REASON On Gen Demob — AUTHORITY NO 380 — IF ENTITLED TO POST DISCHARGE PAY

S/S "NORTHLAND"

MONTH	2nd PAY AND F.A. 17 NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					O/s Missing Allee
31-7-19																											36	00									90 days Ord Boat
1-8-19		30			8	50	90	00	98	50													10	00	35 0458 4		5	00			126	00	126	00			57 days O/S Pld 13-7-19 to 31-7-19
																												90	00			124	50					Depot Embarkation 8-7-19
																																90	00	214	50			9 days W.S.B.
			WAR SERVICE GRATUITY																																			
			wks	da													wks	da																	Soldier Depend		
153 days			459	-			459	-									90	-															369	-			1st pay W&G as above
																	90	-															279	-			2nd pay W&G as above
																											34	50					244	50			D'Bal on discharge
																	55	50															189	-			17/10/19 1176477
																	90	00															99	00			NOV 12 1919 1183203
																	99	00																			DEC 10 1919 1188332
			459	-			459	-									424	50									34	50			459	-					Gunn Capt.

BALANCE FROM PREVIOUS ACCOUNT — Millerd — OCT 10 1919

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

360

Occupational Group 19
Disposal Area K

W. S. B.—CLASS A.

PROCEEDINGS OF AN OFFICER OR NURSING SISTER STRUCK OFF STRENGTH OF THE CANADIAN EXPEDITIONARY FORCE

M

24/2/20

1. RANK	Nursing Sister	
2. NAME	MILLAR, Mary Elizabeth	
3. UNIT	Canadian Army Medical Corps	
4. DATE STRUCK OFF STRENGTH		PLACE
5. REASON	SOS 12-7-19 RO 2203-19	

Demobilization

6. AUTHORITY

7. PROPOSED RESIDENCE

9548. 105. Street.
EDMONTON.
Alberta.

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

H.M.T. NORTHLAND
P.P.E.K. 26.6.19.
P.P.E.K. 5.7.19

1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (A.F.B.313 or A.F.B.178)
4. Proceedings of Med. Board (A.F.B. 227 or M.F.W.129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Proceedings on Striking off Strength (M.F.W. 2591).
7. Last Pay Certificate (P.41)
8. War Service Gratuity Form (M.F.W. 2595)
9. Sundry Documents.

M. F. W. 2591.
20M—11-18.
1772-39-1380.

10 Disposal Certificate

W/S Miller Mary E

Group.....A.P.....

Checked by No.....1310.....

.....

Date.....25 JUN1919.....