

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

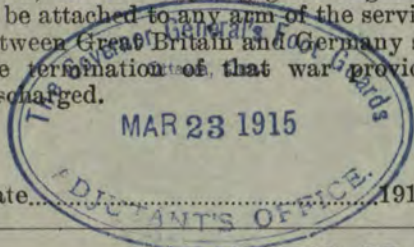
(ANSWERS).

1. What is your name?..... *Milton Howard 47 Murray St. Ottawa*
2. In what Town, Township or Parish, and in what Country were you born?..... *Ladysmith P.O.*
3. What is the name of your next-of-kin?..... *Benj. Howard (father)*
4. What is the address of your next-of-kin?..... *Rutledges P.O. P.O.*
5. What is the date of your birth?..... *29 December 1890*
6. What is your Trade or Calling?..... *ornamental ironworker*
7. Are you married?..... *single*
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?.. *no*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *yes*
12. Are you willing to be attested to serve in the) CANADIAN OVER-SEAS EXPEDITIONARY FORCE?) *yes*

Milton Howard (Signature of Man).
W. H. [unclear] (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Milton Howard*, 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.

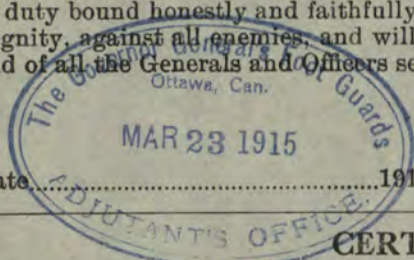


Milton Howard (Signature of Recruit)
W. H. [unclear] (Signature of Witness)

Date..... 191 .

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Milton Howard*, 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.



Milton Howard (Signature of Recruit)
W. H. [unclear] (Signature of Witness)

Date..... 191 .

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at..... this..... day of..... 191 .

.....(Signature of Justice)

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

.....(Approving Officer)

Description of Milton Howard on Enlistment:

Apparent Age 24 years 3 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. 7 3/4 ins.
 Chest measurement { Girth when fully expanded 40 ins.
 Range of expansion 3 1/2 ins.
 Complexion Dark
 Eyes Blue
 Hair Brown
 Religious denominations. { Church of England Yes
 Presbyterian
 Wesleyan
 Baptist or Congregationalist
 Other Protestants (Denomination to be stated.)
 Roman Catholic
 Jewish

One on back & neck

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 Feb 23rd 1915

Place Ottawa

Charles Cap Anco
 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.

.....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.

.....(Signature of Officer)

Date.....191 .

ATTESTATION PAPER.

No. 246341

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Howard
- 1a. What are your Christian names?..... Milton
- 1b. What is your present address?..... North Onslow, Que.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Ladysmith, Que.
- 3. What is the name of your next-of-kin?..... Mrs. Liza Howard
- 4. What is the address of your next-of-kin?..... Rutledge, Que, or North Onslow
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... Dec. 29th 1891
- 6. What is your Trade or Calling?..... Ironworker
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes *m H*
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... 38th Battalion. C. E. F.
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Milton Howard, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Milton Howard (Signature of Recruit)

Date May 22nd. 1916, *H. E. Brewster* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Milton Howard, 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.

Milton Howard (Signature of Recruit)

Date May 22nd. 1916, *H. E. Brewster* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Ottawa, Ont. this 22nd. day of May 1916.

[Signature] (Signature of Justice)

*carded map?
4-6-17*

Description of Milton Howard

on Enlistment.

Apparent Age 25 years 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 7 ins.

HIL

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 2½ ins.

Complexion Dark

Eyes Hazel

Hair D. Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date May 22nd. 191 6.

Place Ottawa, Ont.

[Signature]
 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.

Milton Howard 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.

[Signature] (Signature of Officer)
 Lt. Col.

Date May 22nd. 191 6.

207th. Ottawa Carleton Battalion

DISCHARGE DOCUMENTS

R. O. No.

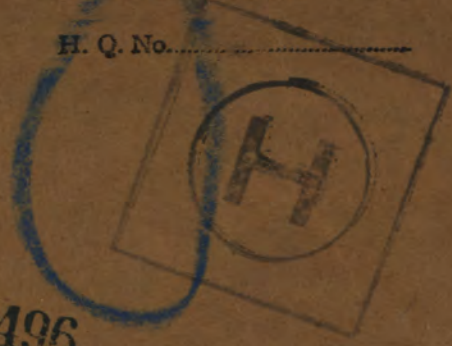
H. Q. No.



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *23*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... *1*
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- Proceedings on discharge..... *1*
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... *2*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... *1*
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... *1*

Name *Howard J. Milton*
 Regt. No. *246341* Rank *Pte*
 Corps *207th O.C. Bn.*

Med. Unfit



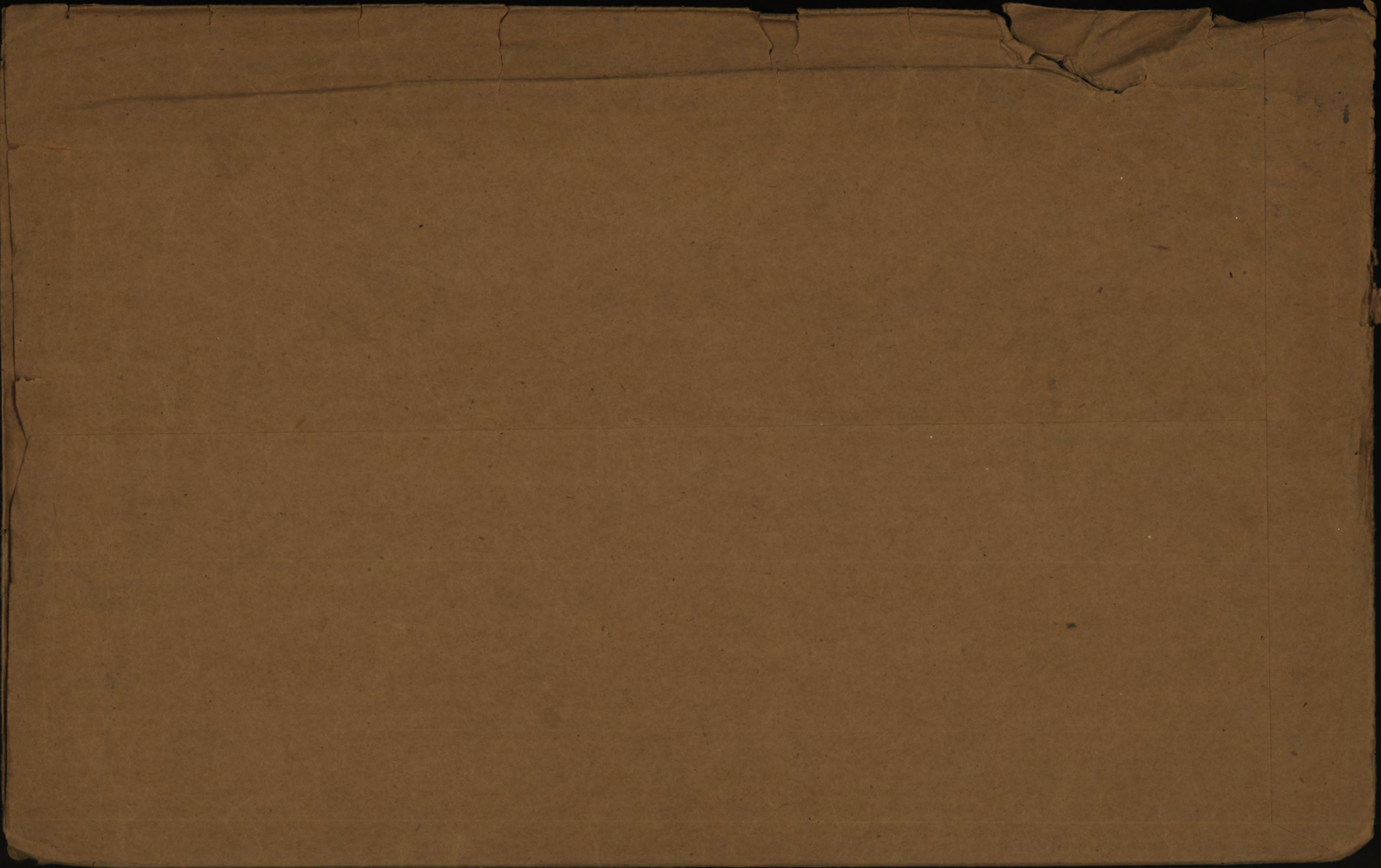
35496



11/4
24-4
30 4
(2)
2

M. F. W. 67-1

2-2-2 *1 will, orig*
2-2-2 *1 will, copy*



No 2416341 RANK

Pte

NAME

Howard J. Milton

T. O. S. 22. 5-16

UNIT

207th Battalion

DO 70-22-5-16

M. D.

3

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916	1916			
May 22	May 31	✓		
June		✓		
July		✓		
Aug		✓		
Sept		✓		
Oct		✓		
Nov		✓		
Dec		✓		
1917	1917			
Jan		✓		
Feb		✓		
Mar		✓		
Apr		✓		
			7 or 1 days pay	
				UNIT SAILED JUN 2 1917 DO 28. 1-2-7

May 1 May 22

✓

Dis chgd 22-5-17

DO 122-21-5-17

✓

UNIT SAILED

JUN 2 1917

ac closed by payment c

60-H-292

#246341, Pte. ~~Milton~~ Howard, 307th. Bn.

M. & D.

(Father) Mr. Benjamin Howard,
R.R. No. 1,

Onslow Barnes, P.Q. ~~North Onslow, P.Q.~~

P. & S.

(Father) Same as above.

Serial 907518

Mem.C.

(Mother) Mrs. E.A. Howard,
Address same as above.

DESPATCHED..X1585-⁹₁₀

Canada only
El

46775
B.

744

M 64578 FEB 9 1921

~~Plaque Desp. Regn. No. 252473~~
~~Plaque Desp. Regn. No. 252473~~
 SEP 16 1921
 Plaque Desp. Regn. No. 252473

m x Ret's 12/2/21 Gone Away.

SURNAME.

Howard

649-N-9322

CARD NO.

CHRISTIAN NAMES

Milton

P.O.S. No. 22/5/96

FOLL

D

REGL. No.

ch. 246341

RANK

Pte

UNIT

207

FORMER CORPS

38th Bn. C. E. F.

Bn

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Howard, Mrs. Liza

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

R. R. No. 1. North Onslow P. Q.

(2.18/12)66-54-21-381

COUNTRY OF BIRTH

Canada, Ladysmith, P. Q.

DATE

Dec. 29th 1891

PLACE OF ATTESTATION

Ottawa, Ont

DATE

May 22nd 1916

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Ironworker

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

25

YEARS

MONTHS

HEIGHT

5

FEET

7

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Dark

EYES

Hazel

HAIR

Dr. Brown

DISTINGUISHING MARKS

nil

MEDICAL EXAMINATION.

PLACE

Ottawa, Ont.

DATE

May 22nd 1916

Present Address, North Orlow, P. Q.

Reg. No. 246341 Name Howard J W
 Rank Pte Corps 207 Batta Age 26 Service 617
 Ledger No. 41 601 Serial No. _____

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS	
Stationary Halifax	13. 3. 14	Hernia	6
bis to buty	17. 3. 14		
St. Luke's General Ottawa	13. 5. 14	Gastric Ulcers	6
bied	28. 5. 14		

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

346 341

MEDICAL HISTORY SHEET

ORIGINAL

Surname Howard Christian Name Milton

Examined { on 22nd. day of May 1916
 at Ottawa, Ont.
 Birthplace { City or Town Ladysmith
Que.
 County _____

Approved by J. J. Danby
 Rank Capt. M.O.

Apparent age 25
 Trade or occupation Ironworker
 Height 5 feet 7 Inches
 Weight 160 lbs.
 Chest measurement { Minimum 35½ inches
 Maximum expansion 38 inches
 Physical development Good
 Small-pox Marks None

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

Vaccination Marks { Arm Right Left R
 Number 1908

Date	Result	VACCINATIONS
<u>29/1/19</u>	<u>key</u>	<u>J. J. Danby</u> M.O.
		M.O.
		M.O.

When Vaccinated last 1908
 (a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26/5/16</u>	<u>Good</u>	<u>J. J. Danby</u> M.O.
		M.O.
		M.O.

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

Enlisted on 22nd. day of May 1916 at Ottawa, Ont.

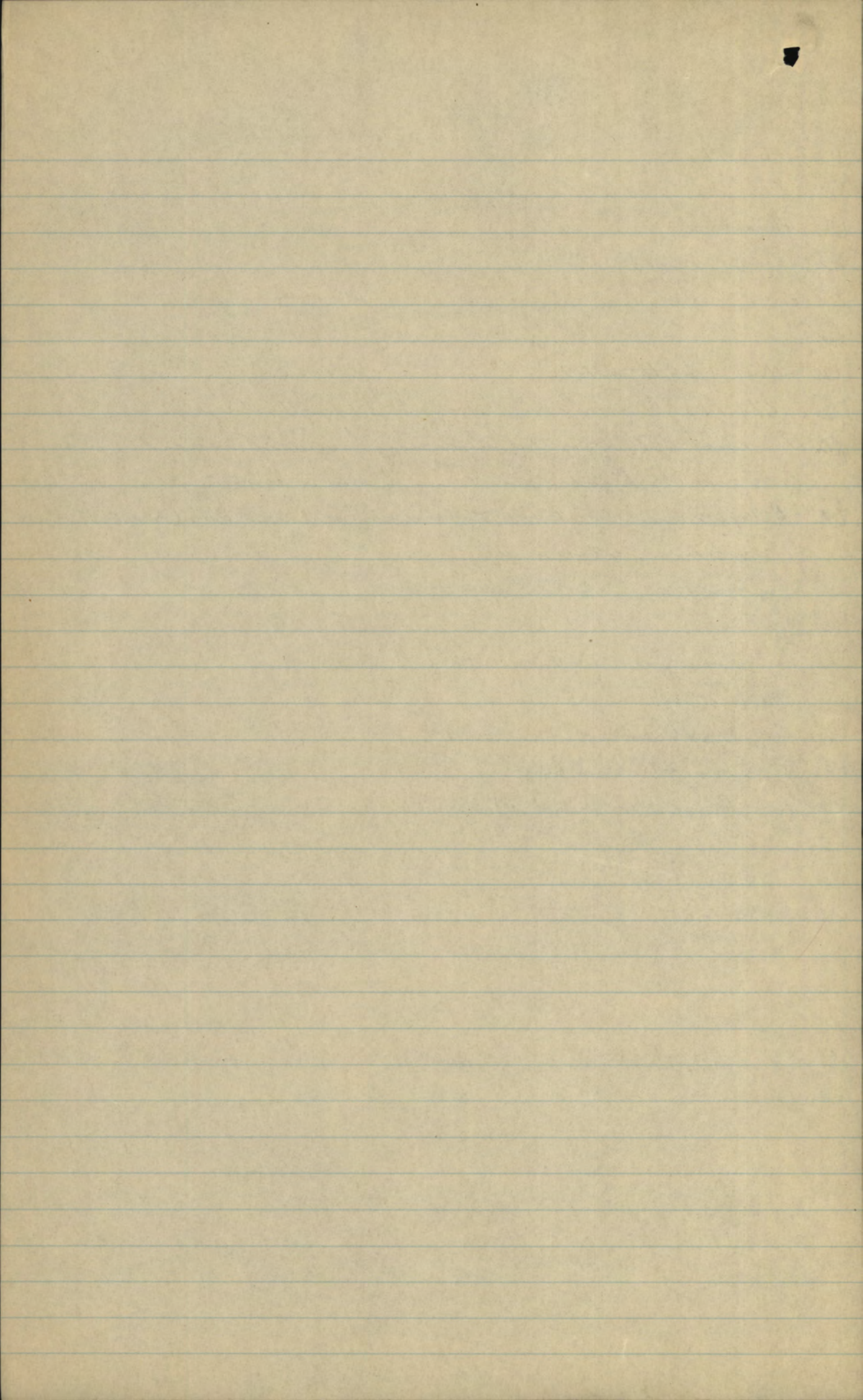
	CORPS	REG'T NUMBER	HABITS	DATE
Joined on enlistment	<u>207th</u>	<u>246341</u>		
Transferred to				

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.

- ① 246341.
- ② P.F.
- ③ Howard.
- ④ John Milton.
- ⑤ 207th St.
- ⑥
- ⑦ 3 M.D. 44-H-244.
- ⑧ 26/5/17. ⑨ St. Lukes Hospital. Ottawa Ont.
13-5-17.
- ⑩ Admitted to Hospital, suffering from ulcerated
Stomach. Death resulting from Hemorrhage.
- ⑪ Benjamin Howard Esq. Ouslow corners. R.R. No 1. Quebec
- ⑫ By M.D. St. Lukes Hospital.
- ⑬ Telegram from M.D. St. Lukes Hosp.
- ⑭ 26/5/17.
- ⑮ Telegram from G.O.C. M.D. No. 3.
- ⑯ 27/5/17.
- ⑰ St. Matthews Cemetery.
- ⑱ Ouslow corners. Ont.
- ⑲ Private (Protestant)
- ⑳ (21) C. 3437.
- ㉑ Private Marling.
- ㉒ Relations



(9) Is your Father alive?.....**Yes.**.....

If so, state name and address **Benjamin Howard, R.R.No.1, North Onslow, Quebec, Canada.**

(10) Is your Mother alive?.....**Yes.**.....

If so, state name and address...**Liza Ann Howard, R.R.No.1, North Onslow, Quebec, Canada.**

(11) If your Mother is a widow.....**No.**.....

Are you her sole support, or not?.....**No.**.....

(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.

James Lee
.....**Lt. Col.**
207th. Otta Officers Commanding. Lion

Date.....**November 28th, 1916.**

FORM OF WILL

I, Milton Howard The-207 (Name in full)

Regimental Number 246341 serving in The 207th Ottawa Carleton Battalion of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

My Mother Mrs. Ben Howard
North Onslow R.R. No/1

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

absolutely, and my personal estate I bequeath to

Mr. Benjman Howard
North Onslow R.R. No /1,
Que. Canada.

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

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT NOTE

this First day of September A.D. 191
This must be signed
and Dated by
THE SOLDIER
HIMSELF. John Milton Howard Signature of Soldier.

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

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

Signature of First Witness C.H. Gotwin,

Address of Witness 328 McLeod St.

THE TWO
WITNESSES

Occupation of Witness Soldier

MUST
SIGN HERE

Signature of Second Witness G.M. Thomas,

Address of Witness 393 Nelson St. Ottawa,

Occupation of Witness Soldier.

a true copy
Charles Lewis
Frank Beane

FORM OF WILL

WILL

TESTED

WILL

WILL

WILL

WILL

FORM OF WILL.

I, Milton Howard the 207 (Name in full)
Battalion Regimental Number 246341 serving in the 207th Ottawa Carleton
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

my mother Mrs Bess Howard
north Onslow R.R. No. 1

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

absolutely, and my personal estate I bequeath to

Mr Benjamin Howard
north Onslow R.R. No. 1
Que Canada

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

**IMPORTANT
NOTE**

This must be Signed
and Dated by
**THE SOLDIER
HIMSELF.**

this First day of September A. D. 191

John Milton Howard Signature of Soldier.

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

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

Signature of First Witness G. H. Godwin

Address of Witness 32 The Wood St.

Occupation of Witness Soldier

Signature of Second Witness Jim Thomas

Address of Witness 393 Nelson St Ottawa

Occupation of Witness Soldier

**THE TWO
WITNESSES
MUST
SIGN HERE**

FORM OF WILL

I, *John Doe*, of the County of *York*, State of *Virginia*, do hereby certify that the following is a true and correct copy of the will of *John Doe*, deceased, as the same appears from the records of the Court of Probate for the County of *York*, State of *Virginia*, in and to which said will is recorded.

That the said will was admitted to probate on the *10th* day of *April*, 19*00*, and that the same is now on file in the office of the Clerk of the Court of Probate for the County of *York*, State of *Virginia*.

In testimony whereof, I have hereunto set my hand and the seal of the Court of Probate for the County of *York*, State of *Virginia*, at *York*, this *10th* day of *April*, 19*00*.

John Doe
Clerk of the Court of Probate for the County of *York*, State of *Virginia*.

IMPORTANT
NOTE
The undersigned
is not a
Notary Public

Witness my hand and the seal of the Court of Probate for the County of *York*, State of *Virginia*, at *York*, this *10th* day of *April*, 19*00*.

John Doe
Clerk of the Court of Probate for the County of *York*, State of *Virginia*.

John Doe
Clerk of the Court of Probate for the County of *York*, State of *Virginia*.

THE TWO
WITNESSES
AND
NOTARY

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 246341 Rank Private Name John Milton Howard.

Corps 207th., Battalion, C.E.F. who was* Discharged Medically Unfit

On May 22nd., 1917, to _____

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from May 1st., 1917, to May 22, 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	10	00
Advances by Cheques) No. _____			Regt'l Pay <u>22</u> days at \$ <u>1 00</u> ^c	22	00
Assigned Pay No. _____			Field Allow. <u>22</u> days at \$ <u>.10</u> ^c	2	20
Other Charges <u>Quarter Master Charges</u>	7	18	Other Allowances* _____		
<u>Company Funds</u>	0	00	Other Credits <u>Clothing Allowance</u>	8	00
Payment on transfer or discharge No. <u>1332</u>	34	02	Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total	42	20	Total	42	20

*Give Particulars.

A monthly stoppage of \$ NIL (†) has _____ (‡) been paid on account of Assigned Pay for the month of _____ 1917 to (Assignee) _____
(Address) _____

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment May 22 1917 1916

(2) if married and if a Separation Allowance Card has been submitted No.

(3) cause of discharge and authority Medically Unfit Auth letter from A.A.G

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date M. D. # 6 dated 19:5:17 File G.M.D. 58:H:481 Pt. 11 D.O. 123

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

Date May 24, 1917

Place Amherst, N.S.

J. M. Howard
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit, one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

150M.—1-17.
H. Q. 1772-39-903.

MAY 27 1917

Paymaster's No. _____

EAST PASSENGER GATE

STANDARD GATE

STANDARD

STANDARD

STANDARD

STANDARD

STANDARD

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

M. F. W. 54. (A)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

207th, OTTAWA, CARLETON BATTALION

Unit, Regiment or Corps.

Regimental No. *246341* Rank *Pte.* Name *Howard Milton*
C. E. F.

Enlisted (a) *22/5/16* Terms of Service (a) *War* Service reckons from (a) *May 22/16.*

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b) *None.* *Ironworker.*

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				

PORT OF EMBARKATION:-

NAME OF TRANSPORT:-

DATE:-

PORT OF DISEMBARKATION:-

DATE:-

21.5.17 *207th* *Sgt. Messersmith* *Amherst* *25/7* *M-11 DO 122*
U.S. *26.5.17* *Amended by after order*
30 d/13-7-23
Deceased

(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.

Casualty Form Active Service

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				

DATE:-

NAME OF TRANSPORT:-

DATE:-

PORT OF EMBARKATION:-

PORT OF DISEMBARKATION:-

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	246341
Rank	Private
Name	Howard, Milton.
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	207th Ottawa Carleton Battalion, C.E.F.
Date of Discharge	May 2nd, 1917.
Place of Discharge	Amherst, N.S.

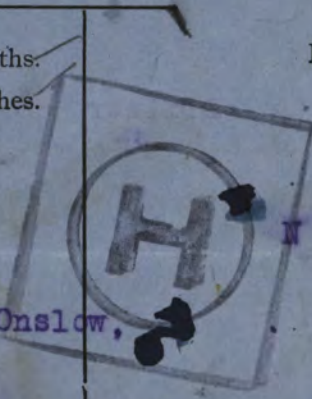
1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....25.....years.....months.

Height.....5.....feet.....7.....inches.

Complexion **Dark**
 Eyes **Hazel**
 Hair **Dark Brown.**
 Trade **Ironworker.**

Descriptive Marks



Intended place of residence } **R.R.#1 North Onslow, Que.**
(To be given as fully as practicable.)

2. The above-named man is discharged in consequence of
Being Medically Unfit for Military Service.
Deceased

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

VERY GOOD

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

IRONWORKER

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

[Handwritten signature]

M. F. B. 218.

100m.-6-16.

H. Q. 1772-39-113.

(OVER)

*card. m. a. p.
24.6.17.*

5. He is in possession of the following number of G. C. Badges:

N I L

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

N I L

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Amherst, N.S.

Lieut. Colonel

(Date) May 22nd, 1917. Officer Commanding 207th Battalion, C.E.F.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Amherst, N.S. (Signature of Soldier.)

(Date) May 22nd, 1917. (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place).....

(Signature).....

(Date).....

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board.

assembled at Ottawa, Ont.

on the 26th May, 1917.

by order of A. D. M. S., M. D. No. 3,

for the purpose of inquiring into the cause of death of

No. 24634k, Pte. John Milton Howard, 207th Batt.,

C. E. F.

PRESIDENT.

Lt-Col. J. F. Argue, R. M. S.

MEMBERS.

Capt. A. F. McLaren, A. M. C.

Capt. C. Laidlaw, A. M. C.

The Board having assembled pursuant to order, proceed to inquire and find that this man died at St. Luke's Base Hospital on May 26, 1917, at 2 a. m., the body having been identified by Dr. Kay, Medical Supt., St. Luke's Hospital. Major McKinnon, A. M. C., M. D. attached to St. Luke's Base Hospital, gives the following statement:- Private Howard came to my office May 13, 1917, complaining of severe pain at the upper abdominal zone. He stated that he had been suffering from symptoms of stomach disturbances for the past three or four months. He was told to enter hospital, which he did on the same date. Physical examination revealed a severe ventral hernia in the sight of an old appendectomy scar. On palpation this man was very tender over the ~~sight~~ of the pylorus, and under the fingers an indefinite mass could be made out. On May 17th an ~~ex~~-ray with a test meal was given with the following report by Dr. R. K. Patterson, radiographer to the hospital.

"The position of the stomach as to size and shape is good. A great amount of irregularity in outline, filling in about pylorus. After 6 hours, Small residue about $\frac{1}{4}$ of meal remained in the stomach. The meal otherwise well placed. Starting in the caecum the 24 hours meal gives full outline of colon. Diagnosis likely gastric ulceration." On the 21st instant the man was prepared for laparotomy and about five or six hours previous to operation he stated that he vomited about seven ounces of blood. On opening up the abdomen the whole anterior wall of the stomach with the omentum were very firmly adherent to the parietal peritoneum. In the region of the old appendectomy scar the caecum and part of the omentum

Assistant Adjutant-Gener 1, M.D., No. 3,

Forwarded -

I concur in this report -

Capt., A.M.C., D/A.D.M.S.,

For A.D.M.S., Military District No. 3.

Secretary, Militia Council,

Forwarded -

Brig-General,

G.O.C., Military District No. 3.

were adherent to the hernial opening. On palpation the pyloric end of the stomach was greatly thickened. On attempting to break down these adhesions, so as to perform gastro-enterostomy, after moderate manipulation in this respect, the patient suddenly collapsed and almost died on the table. Under these circumstances no further operative measures were carried out, and the abdominal wound was quickly closed, and the patient returned to bed. Under stimulation he recovered somewhat. Since then man vomited blood daily and, in spite of all known treatment, his condition gradually became weaker and he died at 2 a. m. May 26, 1917. The cause of death was due to hemorrhage from the gastric ulcer.

This Board concurs in the opinion that Private Howard died from hemorrhage due to ulceration of the stomach.

PRESIDENT.....

R. M. S.
Lt-Col. R. M. S.

MEMBERS

A. F. M. Lerner
Capt. A. M. C.

Chadlaw Capt.
Capt. A. M. C.



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