

Duplicate

50491

ATTESTATION PAPER

No. *0*

Folio. *417915*

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? *L. Millard*
2. In what Town, Township, or Parish, and in what Country were you born? *Sherbrook (mother)*
3. What is the name of your next-of-kin? *Mrs. A. Millard*
4. What is the address of your next-of-kin? *Sherbrook*
5. What is the date of your birth? *20th June 1897*
6. What is your trade or calling? *Labourer*
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?
If so, state particulars of former Service. *no*
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*

L. Millard (Signature of Man.)
E. Clouston (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *L. Millard*, 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.

Date *20th Aug 1915* *L. Millard* (Signature of Recruit.)
E. Clouston (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *L. Millard*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *Aug 20th 1915* *L. Millard* (Signature of Recruit.)
E. Clouston (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 *Sherbrook* this *20th* day of *Aug* 191*5*.

James [Signature] (Signature of Justice.)

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

[Signature] (Approving Officer.)

Mr. [Signature] Clerk West [Signature] [Signature] [Signature]

DESCRIPTION OF

R. Mulcaugh

ON ENLISTMENT.

Apparent Age 18 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 5 1/4 ft. ins.

Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion 2 1/2 ins.

Complexion Fair

Eyes Fair

Hair Fair

Religious Denominations { Church of England X
 Presbyterian _____
 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 Sept 2 1915

A. Gaboury Capt MC

Place Valle Camp

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

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

Date Sept 2 1915

S. J. [Signature] (Signature of Officer.)

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....



DISCHARGE DOCUMENTS

Name MILLARD LUDGER

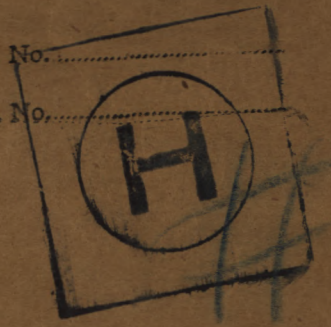
Regt. No. 417915, Rank Pte.

Corps 41st Bn. C.P.S.

*Killed in Action.
2. 10/16.*

R. O. No.

H. Q. No.



20815

63-11
23-11
4-13
2

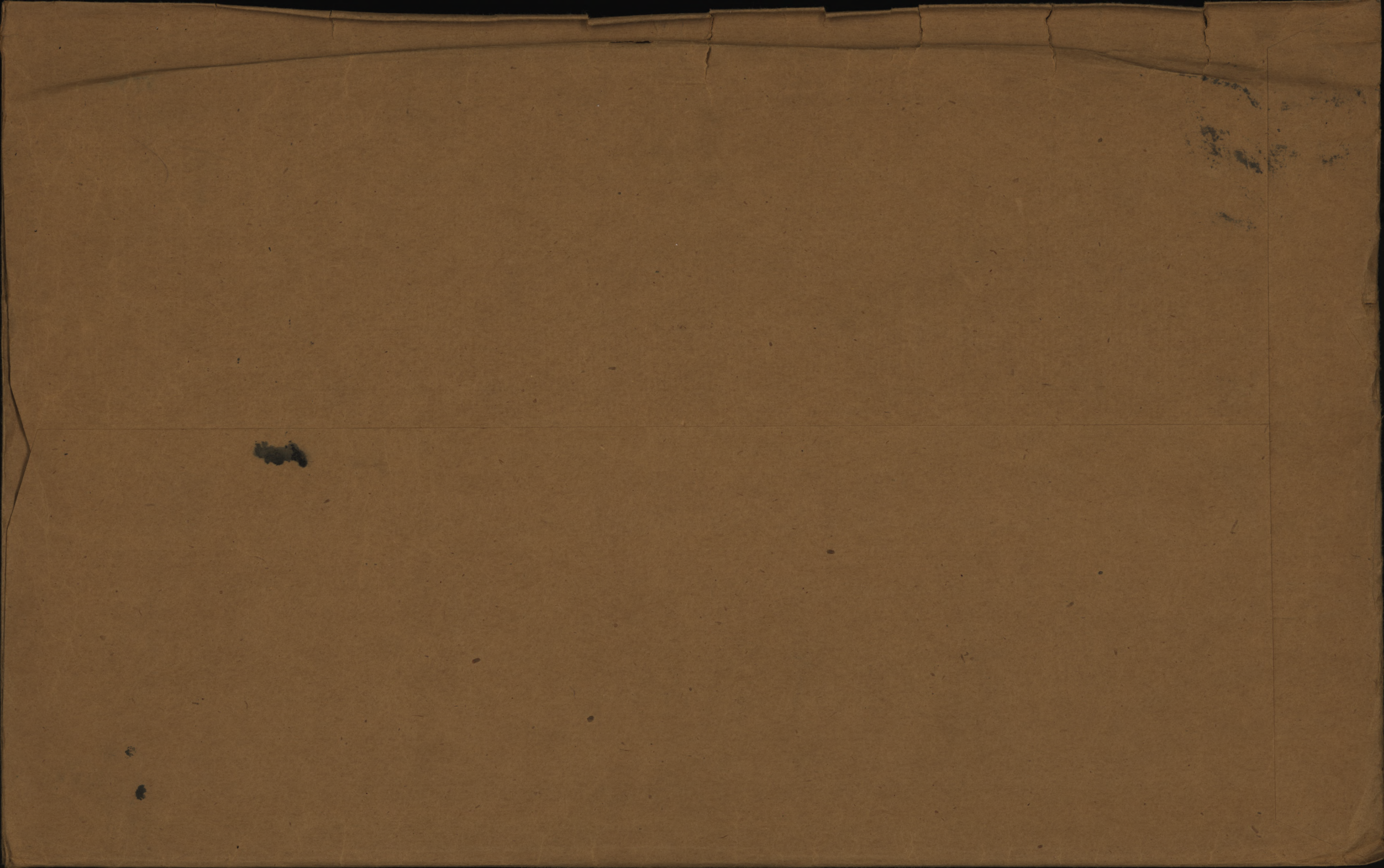


*1917-18-1
copy of will-1
L.A. 713 2090*

M. F. W. 62.
50M-9-16.
H. Q. 1772-39-935.

*M.F.
98720*

*copy of will.
1910-11
18 years etc*



NAME Millard LudgeREG'T'L. No. 417915.

RANK AND CORPS

Pte 5th C.M.R. (41st Batt'n)

CABLE

NO.

DATE

NATURE OF CASUALTY

O 3343	21-10-16	Reported missing between Oct 1 st
R 2891	26-10-16	+ 2nd 1916. ✓
A. E. Disrupted as per letter dated Nov 1, 1917.		
22-5-19 Pres. reported missing now		
(rec'd 9-8-19) by official reports. Presumed		
to have died on or since Oct 1st		
and 2nd, 1916.		
5-3. M 6155	6-10-17	Pres. reported missing presumed dead, now report, Killed in action Oct 2 nd 1916. ✓
A 7 B	2090a	Killed in Action Oct 12-10-1916.
Rouen	3-10-17	

Noted 1911-17

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
25 ⁽¹⁾	Military, Bramshott	14-3-16	N. Y. D. Q.
25 ⁽²⁾	Military, Bramshott	30-3-16	Discharged (Influenza)
a 235 ²	Reported from base	12-10-16	Missing
a 380	Prev. rep. missing now for official purposes presumed to have died on or since 2-10-16.		
a 24-3	Prev Rept Missing now for Off. Purposes Presumed to have died on or since 2-10-16		
a 29-1	Prev. Rept missing now rept. Killed in Action 2-10-16 1st Lie. Regt.		

Name Millard L. Rank etc

Reg. No. 417915

Unit 41st Batt.Next of Kin Mrs. A. Millard
Dukes Place, West Beckham nr. M'ston Kent

Date	Movement	Place	Casualty	List No.	Notified N/K J.	W.O. List
14-3-16	Mil. Hosp.	Bramshott	N. Y. S.	25		
30-3-16	Dischgd	"	Influenza	25		

Name MILLARD Ludger Rank Pte

Reg. No. 417915

Unit 5th C.M.R.

25-M-3040

Next of Kin Mrs. A. Millard,
Dukes Place, West Peckham, nr. Maidstone, Kent

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1/2-10-16	Reptd. from Base:	Missing		A235	21-10	0337323/11
<u>2.10.16</u>	Now for Offl purposes, pres to have	<u>Died.</u>	A.380	19/5/17		
	cancel above entry		A 29			
	Previously reported missing					
	now <u>Killed in Action</u>		A 29	6155		
			(See footnote on page 3)	letter from Base	5.10.	

Form
A

SURNAME. *Millard (649-M-20743)*

CARD NO. ✓

CHRISTIAN NAMES *Ludger*

FOLL.

REGL. NO. *417915-* RANK *Plt*

UNIT ~~*41st*~~ *5th* *Co. m. R.*

FORMER CORPS *mil*

B.M.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Millard Mrs. A.*

RELATIONSHIP TO SOLDIER *mother.*

ADDRESS *Dukes Place West-Peckham
Near Maidstone Kent-Eng.*

Auth. Cas. Cable. R. 2891, 26-10-16

COUNTRY OF BIRTH *Canada. Sherbrooke P. Q.* DATE *June 20th 1897.*

PLACE OF ATTESTATION *Sherbrooke, P. Q.* DATE *Aug. 20th 1915.*

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

18.

YEARS

MONTHS

HEIGHT

5.

FEET

5 1/4.

INCHES

CHEST MEASUREMENT

34.

INCHES

EXPANSION

2 1/2.

INCHES

COMPLEXION

Fair

EYES

Fair

HAIR

Fair.

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Vale Camp.

DATE

Sept. 2nd 1915.

Present address. not stated.

No. 411915. RANK *Pvt.*

NAME *Millard L.*

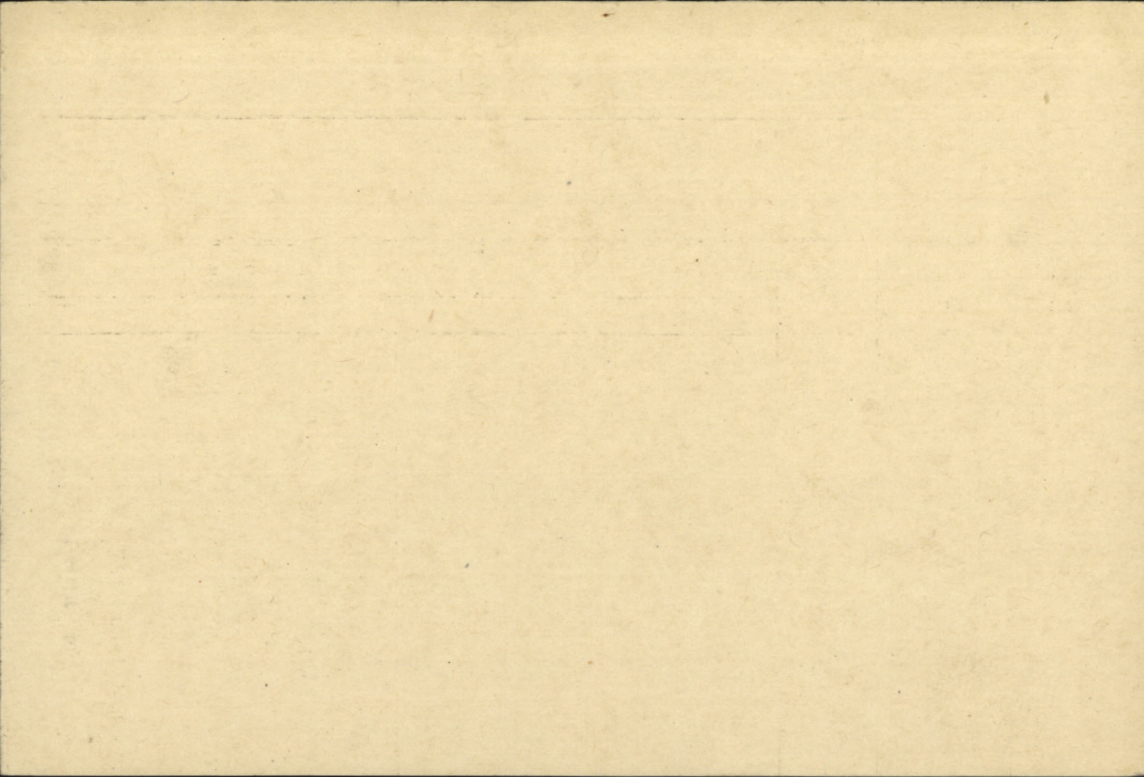
T. O. S.

UNIT *41st Battalion C.O. & J.*

M. D. *5-*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1915</i> <i>Nov. 1.</i>	<i>1915</i> <i>Nov. 30.</i>	<i>"</i>		

UNIT SAILED
OCT 18 1915



a.g. B.
B

Number. 417915. Rank. Pte. B

Surname. MILLARD.

Christian Name. Judger.

Units. 5th Co. M. R. Theatre of War. France.

Date of Service. 6-6-16. D.

Remarks. X

Latest Address. Mrs. A. Millard (Mrs.)
Lukes Place, West Peckham
Nr. Maidstone
Kent, Eng

Roll No. "B" Page 5516.

No.

RANK

NAME

T. O. S.

UNIT

M. D.

8232
359
4/17

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROM

PAID
TO

SIG.
OR
REC'T

AUG 20 1921

MILLARD, L. *under* Pte. 417915. 5th. CMR. 649-M-20743.

not elig. for star.

Medals and
Decorations.

Mother.

A. Millard
Mrs. ~~F. Fever~~,
Dukes Place,
West Peckham,
Nr. Maidstone,
Kent,

Scroll Desp. JAN 19 1921 Reqn. No. 211217

Plaque Desp. DEC 13 1921 Reqn. No. 99337

ENGLAND.

Placques and Scroll. Mother. As above.

(Serial no. 768658)
Memorial Cross. Mother. As above.

18407
a

M.C.F.
Desp. AUG 16 1920 *pm* C 18796

Muir, J. E. Pte. #551033 Can Cav. (L.S.H.)

9 H-5

3466

Handwritten signature

Surname **Millard** Christian Name or Names **L.** Reg. No. **417915**
 Rank **Pte** Unit **41st. Batt.** Co. **42** Troop **1st Q.** Batty.
 Hospital _____ Date of Admission _____

Transferred **Bramshott Mil.** Hosp. **14-3-16**

Hosp. _____

Hosp. _____

Hosp. _____

Diagnosis **Influenza**

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

Kept from Base Missing. 1-2.10.16
~~Presumed to have died on or since 2-10-16~~
cancel

DISPOSITION

Discharged

Date **30-3-16**

REMARKS

e.L. 11-4-16.

25'

73.10.16 #235

21-5-17 @ 380 cancel.

6.10.17 @ 29. now killed in action 2.10.16

6.10.17 @ 29 (3) cancel Entry #380

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

Q
 M.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

ORIGINAL MEDICAL HISTORY SHEET. Ledger

Surname Millard Christian Name Millard

Examined on 2nd day of Sept 1915
at Walc Camp
Birthplace { City or Town Sherbrooke
County _____

Approved by [Signature] Rank _____ M.O.

Apparent age 18
Trade or occupation Laborer
Height 5 Feet 5 1/4 Inches.
Weight _____ Lbs.

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

Chest measurement { Minimum 34 inches.
Maximum expansion 2 1/2 inches.
Physical development Normal
Small-Pox Marks No

Vaccination Marks { Arm Right Left X
Number 1
When Vaccinated last 1910

Date	Result	VACCINATIONS,
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease _____
(b) Slight defects but not sufficient to cause rejection _____

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/9/15</u>	<u>Good</u>	<u>[Signature]</u> M.O.
	"	" M.O.
	"	" M.O.

Enlisted on 20 day of August 1915 at Sherbrooke

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>57th Batt C.C.F.</u>			<u>Aug 20 1915</u>
Transferred to..	<u>41st Batt C.C.F.</u> <u>5th C.M.B.</u> <u>Co A</u>	<u>417915</u>		<u>24-9-15</u>

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.

Ludwig

Christian Name

Milward

Surname

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 f. om Hospital.						
		Day	Month	Year	Day	Month	Year				
Bramshott Inst		13	3	16	30	3	16	Deviated nasal Septum	18	Operation	L. J. Lythard

Duplicate Medical History Sheet posted to here. Medical Registrar Record Office.

RVG

M

Rank Pte Name MILLARD, Ludger Reg'l No. 417915
Unit 41st Bn If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Sherbrooke, Aug 30th 1915 Place of Birth Sherbrooke,

Name and Address, Next-of-Kin Mrs. A. Millard,
Duke's Place, West Peckham, Nr. Maidstone, Kent, ENG Relationship Mother

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship R.L. 25, M 3040

Discharge, Date and Place Reason Character

F

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England	per S.S. Saxonia	28 OCT 1915	
16.11.15.	O/c. H1 ^{2d}	72 hrs Dis. Refusing legs on parade.	Bramshott.	16.11.15.	PT I D. 0215.
14.12.15.	"	7d/5. F.P. No 2. A.W.R. 6 th LG 13/4/15. 7d/6 1st	Aldersholt.	14.12.15	" 237
11.4.16	D.C.L. 25	Adm to Dep.	Bramshott	14.3.16.	" 62 N.Y.D.
11.4.16	DO	Dis from Dep.	"	30.3.16	Influenza.
26.4.16.	O/c. 23 rd	Taken on strength.	W. Sandling	20.4.16	" 96.
6.6.16	"	Trans. to 5th CMR Bn	O' seas	6.6.16	" 132
30.6.16	do	3 days A.P. 201 absent from	Field	17/6/16	PT II O th 36 a7 B103. Checked 14/5/16 A.H.
14-6-16	do	J. O.I. from 23rd Bn.	do.	7-6-16	PT II D. 15 24
23.10.16.	do.	Swissing	do.	2.10.16.	C.L. 255. + PT II 058

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.				
14.11.16	S Clerk	Missing	Field	1/2.10.16	Pt II 058
21.5.17	---	Now presumed to have died or since		1/2.10.16	CL ^a 380
5.10.17	L st Lt R	DC L ^a 380 - Cancelled		1/2.10.16	CL ^a 29
5.10.17	---	Now killed in Action	---	1/2.10.16	CL ^a 29 Also DO 92. 3.10.17 (--- 30.16)

Perforated sheet for Will from Pay Book of

Reg. No. 417915

Name pvt L Millard

Unit 5th C M R

MILITARY WILL.

In the event of my Death

I will leave all / my effects

~~passess~~ to my Mother

Mrs F Fever

Dukes Place

West Beckham

Mr Maidstone

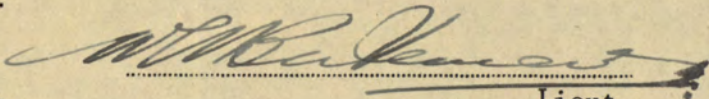
Kent

Signature Private L Millard

Rank and Regt. No 417915 5 C M R

Date 19 July 1916.

I hereby certify the above to be a true copy of the original Will now on file in Estates Branch.

Date 14 Nov 17  Lieut.
for OFFICER I/C ESTATES,
OVERSEAS MILITARY FORCES OF CANADA.

NOTE Extracted from Pay Book Page 20

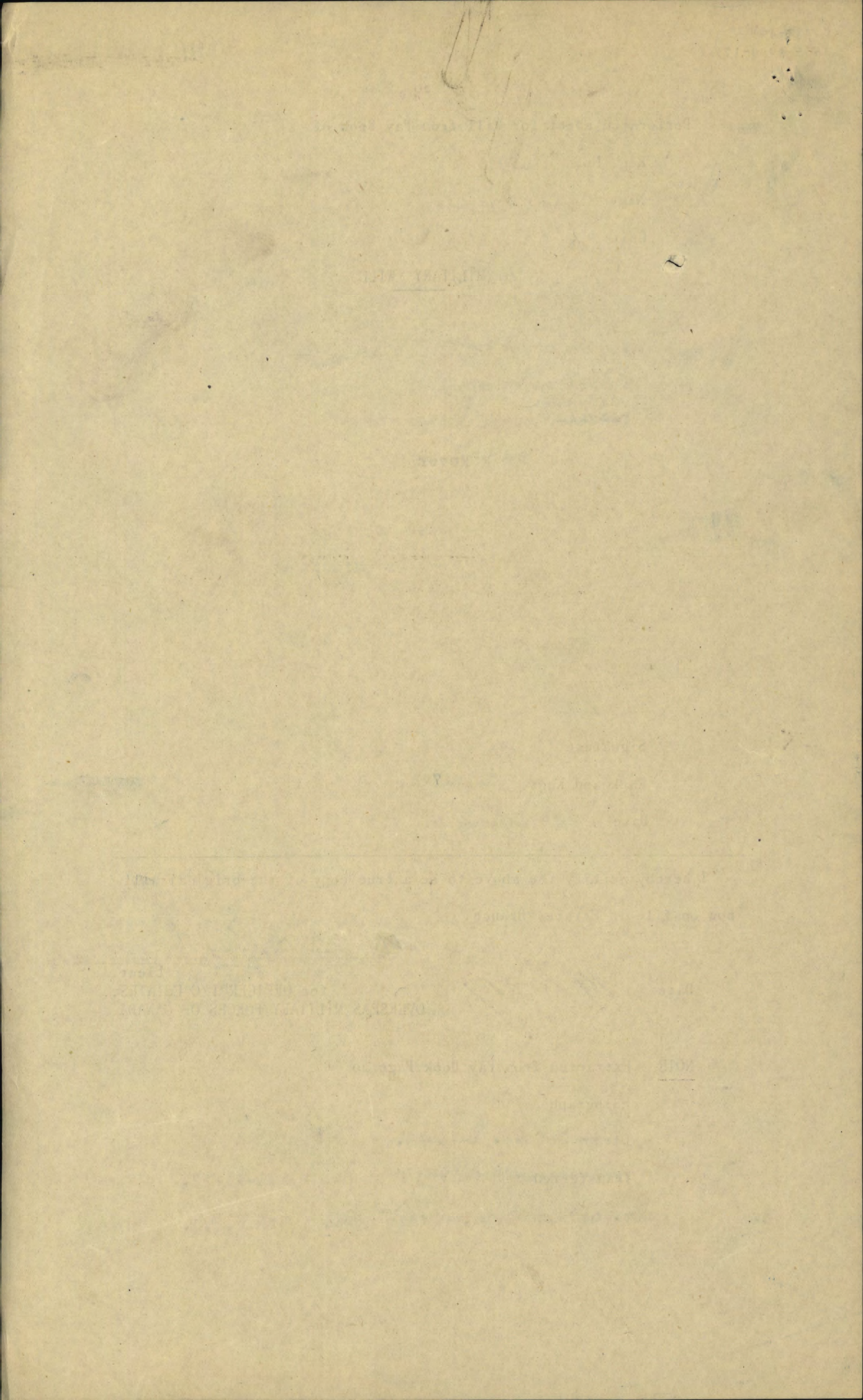
Holograph

Died - K-in-A. 1-10-16.

Transferred - Received from A.A.G. 10-11-17.

M.

No. 417915 Pte. Millard, L. 5th C.M.R.



Canadian Record Office
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 41st Bn C.O.E.
 Regimental No. 417915 Rank Private Name Millard Ludger
 Enlisted (a) 20-8-15 Terms of Service (a) DoF W Service reckons from (a) 20-8-15
 Date of promotion } Date of appointment } Numerical position on }
 to present rank } to lance rank } roll of N.C.Os. }
 Extended _____ Re-engaged _____ Qualification (b) Latimer

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				

Drafted overseas to the 5th C.M.B. effect 6.6.16. Auth. H. of P. 132

R. A. Derrind CAPT.
Adjutant 23rd Canadian Inf. Bn.

O. C. C. B. D. Landed in France. Taken on strength 5th Cdn. Bn. 4/6/16
 — do. — Left for Unit 8/6/16
 C. C. Bn. Arrived Unit for duty 9/6/16
 Nom Roll d/ 4/6/16
 F. H. D. O 24 d/ 14/9/16
 N. S. Roll d/ 10/6/16
 B. 213 d/ 10/6/16

14.6.16. O.C. Unit. Sentenced to 3 days S.P. for "Absent from Parade".

Field. 13.6.16. B7069.

7/10/16 O.C. Unit Missing after action

Field 12/10/16 B213 D. B. 174 10/10/16 75 50/17/16

[Signature]
Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. 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				
21-5-17	S ^t C MR	Now presumed to have died on or since	Field.	2-10-16	CH 2 380.
5-10-17	1 st QR	CH 2 380 cancelled	..	2-10-16	CH 2 29.
5-10-17	"	Now killed in action	..	2-10-16	CH 2 29 also DO 92. 3/10/17.

Caandrew
 Lieut.
 for Colonel i/c Records, OTRAC.

RVG

Missing *NS* P-56
 Reg'l No. 417915

Rank *Pte* Name **MILLARD, Ludger**
 If in perm. Corps,
 Unit *1st Bn* What Unit?

Married or Single **Single**

Place and Date of Enlistment **Sherbrooke, Aug 20th 1915**

Place of Birth **Sherbrooke,**

Name and Address, Next-of-Kin **Mrs. A. Millard,**

Duke's Place, West Peckham, Nr. Maidstone, Kent, ENG Relationship **Mother**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Discharge, Date and Place *[Missing] off bus Dec 2/10/16* Relationship **off bus Dec 2/10/16** Reason **off bus Dec 2/10/16** Character **off bus Dec 2/10/16**



Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From 1915	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
Nov 1	30	30	1.00	30	30	10	3	33	93		29 20			29 20	3 80		
Dec 1	31	31	1.00	31	31	10	3 10	34 10	142 197		9 73 9 73		15 40	34 86	3 04	72P. 7d. pay. NO. 237	
Jan 1	31	31	1.00	31	31	10	3 10	24 10	241 273		9 73 9 73			19 46	17 68		
Feb 1	29	29	1.00	29	29	10	2 90	31 90	325 367		7 30 12 17			19 47	30 11		
March 1	31	31	1.00	31	31		3 10	34 10					1 84 24	2 08	62 13	1 84 DM chgo 0063 24. Season report	
Checked <i>HW</i>																	
<p>Can. A. P. Nil. <i>W. G. G. A. P. A.</i> JUN 2 1919</p>																	
BALANCE TRANSFERRED TO NEW LEDGER.																	
<p>152 - 1520 16720 8759 1748105076213</p>																	

Statement of
JUN 18 1919
 Admitted to service

HW

MARRIED OR SINGLE *S.*

PLACE OF BIRTH *Sherbrooke P.Q. Canada*

NAME AND ADDRESS OF NEXT OF KIN *Mrs. A. Millard
Duke's Place West. Rickham. W. Maidstone
Kent. England.*

RELATIONSHIP OF NEXT OF KIN *Mother*

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>Missing 1/2-10-16</i>	<i>1/2-10-16</i>	<i>CLA 235 23/10/16</i>
<i>Head</i>	<i>2/10/16</i>	<i>CLA 340 21/5/17</i>

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. NO. *417915* RANK *Pvt.* NAME *Millard Ledger*

IF IN PERM. CORPS | UNIT *41st Batt.* TRANSFERRED TO *2nd. Batt.* DATE *30/4/16* AUTHORITY *No. 96*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *5th B.A.R.* DATE *1/7/16* AUTHORITY *No. 22 1/4/16*

PLACE OF ATTESTATION *Sherbrooke* TRANSFERRED TO *N.E.* DATE *3-10-16* AUTHORITY *CLA 235 10/16*

DATE OF ATTESTATION *20/8/15* TRANSFERRED TO DATE *NOV 18 1916* AUTHORITY

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE *P.P. ho*

PAYABLE TO 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

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *13-11-16 effect 3-10-16. CLA 235 23/10/16*

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.																				NO.	DATE	NO.	DATE	NO.
<i>1916</i>																																				
<i>Mich</i>																																				
<i>Apr 30/16</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>30</i>	<i>10</i>	<i>30</i>	<i>10</i>																													
<i>Apr 31/16</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>																											
<i>Apr 30/16</i>	<i>30</i>	<i>1.00</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>10</i>																											
<i>Apr 31/16</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>																											
<i>Apr 30/16</i>	<i>30</i>	<i>1.00</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>10</i>																											
<i>Apr 31/16</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>																											
<i>Apr 30/16</i>	<i>30</i>	<i>1.00</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>10</i>																											
<i>Apr 31/16</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>																											
<i>1917</i>																																				
<i>Dec</i>																																				

Can. A.P. Nil.
JUN 2 1917

Statement of
JUN 18 1917
Account for pay

PAY BOOK CH. CLERK
Date 24-1-18
By J. C. Parker
N.E. BRANCH

S. L. S.

417915! Rte

19067

Millard L

56mk

R in A

1/10/16

I will leave all ~~my~~
^{affects}
~~house~~ to my mother

Mrs Wm Turner
Dukes Place
West Peckham
M Maidstone

17dent

Signature Private L Millard

Rank and Regt. 417915) 56mk

Date 19 July 1916.

ESTATES BRANCH
OCT 2 1919
MILITIA DEPT.

1717

7.

Record of W 28 km
 by K3-16-10456
 17785

SUBJECT
 CUR NO

11-10-17
 Hour 2 p.m.

H E E T

ER

9067

Perforated sheet for Will from Pay Book of Reg.

No. 417915

Name priv. L Millard

Unit 5th B.M.R.

Military Will.

In the event of my Death
 I will leave all ~~my~~ ^{effects}
~~house~~ to my mother

Mrs W. Turner
 Duke's Place
 West Peckham
 Nr Maidstone

Signature Privat. L Millard
 Rank and Regt. priv. 417915) 56 m r
 Date 19 July 1916.

ESTATES BRANCH
 OCT 2 1919
 MILITIA DEPT.

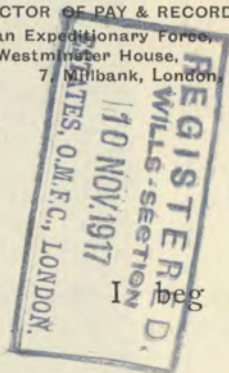
TELEGRAM AND CABLE ADDRESS :
"PAYCANEX, LONDON."

Please address all communications :
"THE DIRECTOR OF PAY & RECORDS,"

Canadian Expeditionary Force,
Westminster House,
7, Millbank, London, S.W.

and quote

No.



CANADIAN EXPEDITIONARY FORCE,

WESTMINSTER HOUSE,

7, MILLBANK, LONDON, S.W.

I beg to acknowledge receipt of your letter dated with reference to the personal effects and will of the late and regret to inform you that, as yet, neither have been received at this office. Some time must necessarily elapse before the military estate of deceased soldiers can be adjusted ; effects and any monies due are then despatched to those entitled to them, with the least possible delay.

In order to establish your claim to the effects, be good enough to complete enclosed Form and return it to this office. Your title to the whole, or part of deceased's estate, will then be considered in due course.

Yours faithfully,

.....
*for the Director of Pay & Record Services,
Canadian Contingents.*

Enclosure.