

ATTESTATION PAPER.

No. 1251637

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Miller
- 1a. What are your Christian names?..... Hugh Roy
- 1b. What is your present address?..... 490 Strathcona Ave. Westmount, P.Q.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Westmount Que.
- 3. What is the name of your next-of-kin?..... J. D. Miller
- 4. What is the address of your next-of-kin?..... 490 Strathcona Ave. Westmount, P.Q.
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... Jan 10 1895
- 6. What is your Trade or Calling?..... Accountant
- 7. Are you married?..... No.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- 9. Do you now belong to the Active Militia?..... Yes. The Composite Batt.
- 10. Have you ever served in any Military Force?..... Yes. 21st Field Battery 1 year
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, Hugh Roy Miller, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date Oct. 16th 1916.
H. Roy Miller (Signature of Recruit)
A. Charleton (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date Oct 16 1916.
Hugh Roy Miller (Signature of Recruit)
A. Charleton (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 Montreal this 16th day of October 1916.
[Signature] (Signature of Justice)

Description of Miller Hugh Ley on Enlistment.

Apparent Age 21 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 6 ft. 1 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 4 ins.

Complexion Fair

Eyes Brown

Hair Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Oct 16 1916

Place Montreal

[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.

Hugh Ley Miller

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

[Signature] Major
 C. 79th Depot Battery C. E. F. (Signature of Officer)

Date Oct 16 1916

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.....

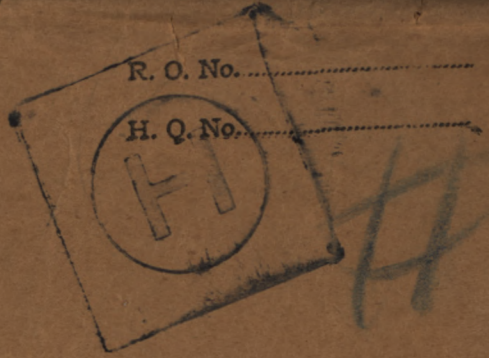
DISCHARGE DOCUMENTS

Name Miller Hugh Loy

Regt. No. 1251627 Rank Pte

Corps 79th Dep Bty.

K. in A. 1-12-17.



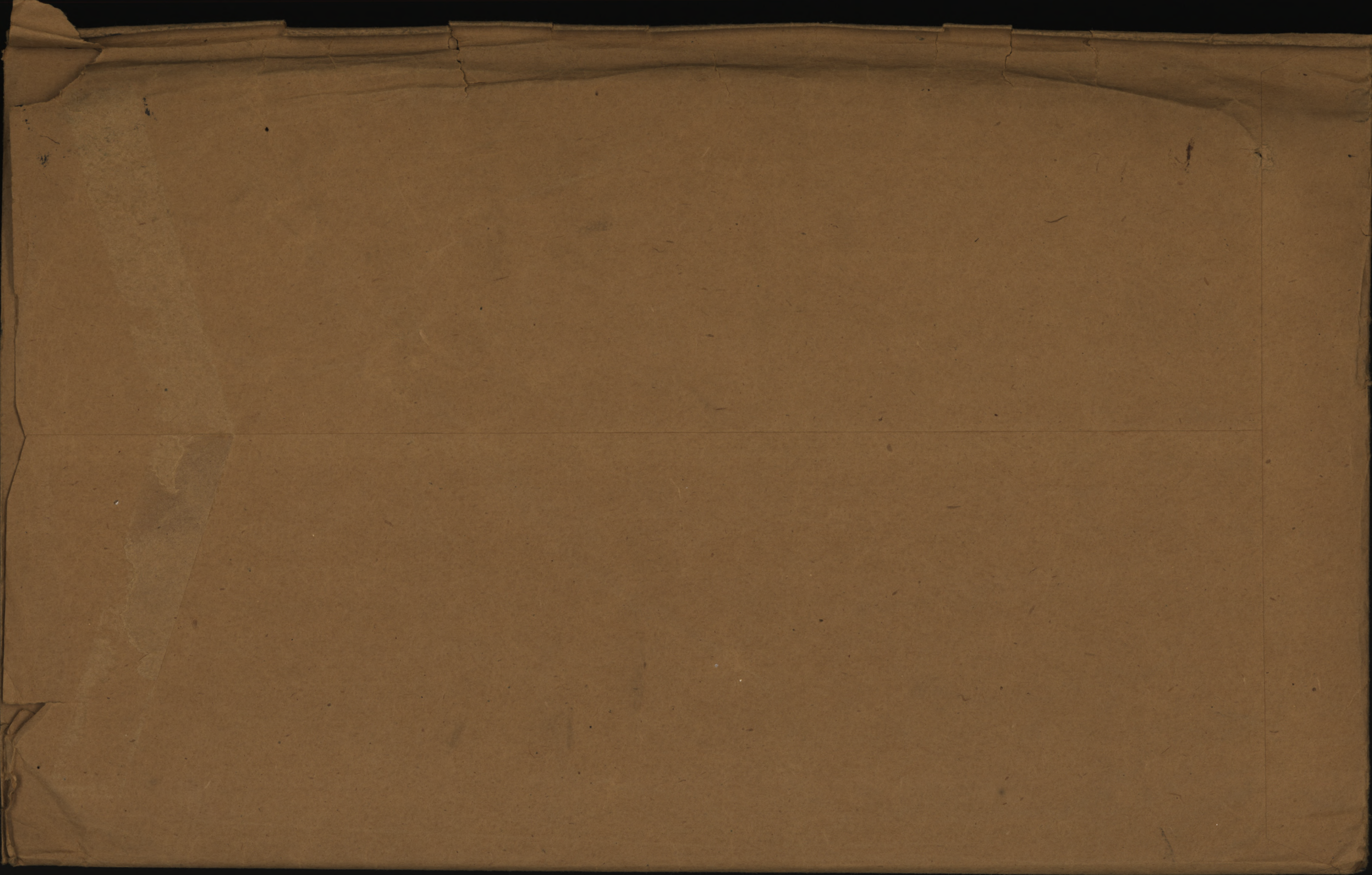
21669

Index Card.....
Casualty Card.....
Non-effective Card.....
Part II Order Card.....
Change of Address Card.....
Honour & Award Card.....

27-13
27-13
2-13



Handwritten notes:
31-12-20
has card
2 drug copy (full)
M. F. W. 62.



SURNAME.

Miller

CARD NO.

✓

CHRISTIAN NAMES

Hugh Loy

FOLL.

REGL. NO.

1251637

RANK

Gr Bomb.

UNIT

79th Bty C. F. A. (2nd R. D.)

FORMER CORPS

Composite Bn., 21st Fld Bty

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Miller J. D.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

*490 Strathcona Ave,
Montreal P.Q.*

COUNTRY OF BIRTH

Canada Westmount P.Q.

DATE

1895

PLACE OF ATTESTATION

Montreal P.Q.

DATE

Oct 16th 1916

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Accountant

RELIGION

not stated

DESCRIPTION.

APPARENT AGE

21 YEARS

— MONTHS

HEIGHT

6 FEET

1 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

4 INCHES

COMPLEXION

Fair

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

not stated

MEDICAL EXAMINATION.

PLACE

not stated

DATE

not stated

*Present address, 490 Strathcona Ave
Montreal P.Q.*

NAME *Miller Hugh Loy*

REGT'L No. 1257637

RANK AND CORPS *Gnr.*

H. Q. FILE NO. 649.

107th Can. Siege Batty Form 79-131y C.F.A.

CABLE

FOLLOWS
No. *2nd. R.L.*

NATURE OF CASUALTY

FOLLOWS

NO.

DATE

12-3

M6489

9-12-17

Killed in action Dec 1-1917^{sl-}

*A.F.B. 20902. 5-12-17
Houev.*

Killed in action 1-12-17 Rec'd. 19-2-18

*Duplicate A.F.B.
Rec'd. 19-4-18*

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

(Can. Art.)

A112.-1. Rep. from Base 1-12-17 Killed in Action.

Miller
M

Number. 125-1637 Rank. : *Cpls*

Surname. MILLER

Christian Name. Hugh Roy

Units . C.G.A. Theatre of war. *France*

Date of Service. 4/7/17 *D.*

Remarks.

Latest Address. Mrs. Isabella Miller (M)

490 Strathcona Ave.

Montreal
P.Q.

Roll No. "B" Page 5665

B
V

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

41700-0505
 41700-0505
 41700-0505

SEP 24 1921
 241021

Name

Hugh Loy
MILNER

Rank

Sgt

Reg. No. 1251637

Unit

3rd Le. Siege Battery

R.L. 25-M-6520

Next of Kin

CANADA

Date

Movement

Place

Casualty

List
No.Notified
N/K O.

W.O. List

1917

1-12

Rept for Base

KILLED IN ACTION

2112

46881

1074

PTI 85 72

D/5/2/17

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

MILLER

H.L.

1251637

RANK

UNIT

Co.

TROOP

BATTY

Gnr.

CA.3S.

HOSPITAL

DATE OF ADMISSION

1.

HOSP

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

2.

3.

RB . KILLED IN ACTION 1-12-17. *P*
DISPOSITION

DATE

~~C1.10.12.17~~ A1127.

REMARKS

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 79th DEPOT BATTERY, C. E. F.

Regimental No. 1251637 Rank Private Name Miller High Loy
C. E. F.

Enlisted (a) 16 Oct 16 Terms of Service (a) Duration from Service reckons from (a) 16 Oct 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) Accountant

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
13-4-17	O.C. Res Bde. C.F.A.	Embarked Halifax 26.3.17 Disembarked Liverpool 7.4.17 ✓ T.O.S. Res Bde. C.F.A. and posted to 5th Batty	S'cliffe.	8-4-17	B.O. PT 2 103 115-4-17. ✓
14-4-17	O.C. Res Bde. C.F.A.	Reverts to permanent grade on arrival from Canada, of Gunner.	S'cliffe.	8-4-17	B.O. Pt 2. 104 14-4-17. ✓
11/7/17	O.C. 2nd Bde. C.F.A.	S.O.S. to 3rd Can. Siege Battery, France	Homecliffe.	11/7/17	B.O. Part II no. 20 ✓
22-6-17	Res Bde. 2nd C.A.	S.O.S. to 2nd Res Artillery T.O.S. from Res Bde	S'cliffe	22-6-17	7th BRIGADE, CANADIAN RESERVE ARTILLERY. PF II 6174 ✓
17-17	12th S.B.	T.O.S. from 2nd Res Artillery.	-	24-6-17	3 ✓

CERTIFIED CORRECT
 11/7/17
 27 JUL 1917
 CANADIAN RESERVE ARTILLERY

LIEUT.
FOR LT: COL: I/C RECORDS. C.O.M.F.

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B, 213, Army Form A. 36, or other official documents
Date	From whom received				
	O.C. 2 nd Bde. C.R.A.	S.O.S. to 3rd Can. Siege Battery France.			
4-7-17.	C.G.B.D.	Arrived in France as Reinforcement and is T.O.S. 3rd. Can. Siege Bty.		4-7-17.	N.R. Pt 11 0 39 d/ 247617.
21-7-17.	Unit.	Arrived Unit.	Field.	17-7-17.	B.213
31-8-17.	O.C. records	Name changed to HUGH LOY MILLER	Do	31-8-17.	Official of Records R.L. R.S. 31817 Ref file KT 16/20233 d 3/9-17. P.H.O. 51 d/12-9-17.
1-12-17	O.C. unit	Killed in action	Field.	1-12-17.	Auth. O.C. unit Letter. d/1-12-17. Ref file KT 16-33648 P.H.O. # 72 d/5-12-17.

Thos B. Humphreys

LIEUT.
OFFICER IN CHARGE RECORDS
CANADIAN SECTION G.H.Q.
3RD ECHELON

James S. Buttery Cgt

LTR

Rank _____ Name **MILLER, Hugh Roy Loy** *sup R.P.* Reg'l No. **1251637**
 Unit **Dft. 79th Depot Batty.** If in perm. Corps }
What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Montreal. Oct, 16th, 1916.** Place of Birth **Westmount, Que.**
 Name and Address, Next-of-Kin **J.D. Miller.**

490 Strathcona Ave. Relationship **Father.**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.B. No **3799**
 File No. **25-M-6520**
 Category **KA**

*MT
31-12-20*

Discharge, Date and Place _____ Reason _____ Character _____

H. W. V., Ld.-9:46-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
ARRIVED IN ENGLAND 7 4 17 S. S. MISSANABIE					
13. 4. 17	Res Bde	T.O.S from Canada	S.cliffe	8 4 17	PT II 0 103
14. 4. 17	Res Bde	Reports to Gunner and in Eng	S.cliffe	8. 4. 17	PT II 0 104
22. 6. 17	" "	SOS to 2 nd Res Arty	"	22. 6. 17	" " " 174
"	2 nd Res Arty	T.O.S. from Res Bde	"	"	" " " 1
11. 7. 17	" "	SOS proceeds O'Sea	"	11. 7. 17	PT III 0 20
6. 7. 17	12 th Sig Bty	T.O.S. from 2 nd Res Arty	"	29. 6. 17	" " " 38 obs
30. 6. 17	2 nd Res Arty	SOS to 12 th Sig Bty	"	29 6 17	" " " 9
6. 7. 17	12 th Sig Bty	SOS to 2 nd Res Arty	"	3. 7. 17	" " " 8
5. 7. 17	2 nd Res Arty	SOS to 12 th Sig Bty	"	28. 6. 17	" " " 14
"	" "	T.O.S from 12 th Sig Bty	"	4 7. 17	" " " 14

Cancelled See R.P. 114 of 6/7/17

1251634 Miller, H.S.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
24.7.17	J. S. B.	T.O.S. from England	Field	12.7.17	P. II 39
5.12.17	do	Killed in Action (Auth. O/C Unit letter 1-12-17 Ref file N.S. 16-33648)	Field	1-12-17	P. 72
8.12.17	do	Killed in Action	do	1-12-17	C.L. A 112 4



Perforated sheet for Will from Pay Book of Reg.

No.....

Name.....

Unit.....

Military Will.

Will filed

Mrs J.D. Miller

490 Strathcona Ave

Westmount

Que

RECORDS REGISTRY O.M.F. (C.O.) GREEN ARBOUR HOUSE, OLD BAILEY, LONDON, E.O. 4.	
R.L.	
REFD TO	R2B1.
27 MAR. 1918	
c/o	L/R
FILE CHARGED	SINCE
TO	
ACTED ON	

PAYMASTER'S OFFICE

28th Jun. 1917

Ref. P. Woodwood. (Sgd.)
Reserve Bde. C.F.A.

Signature.....

Rank and Regt.

ate.....

Note. No. 1251637 Cnr. Miller H.L. 3rd Siege Bty.
 Page 20 extracted from paybook.

Registered sheet for Bill for the Pool of 1891

.....
.....
.....

MISSISSIPPI

Bill 1891

Wm. J. Miller

450 Mississippi Ave

Memphis

1891

MISSISSIPPI

Bill 1891

Wm. J. Miller
450 Mississippi Ave
Memphis, Tenn.

.....
.....
.....

Mississippi Bill 1891
Wm. J. Miller
450 Mississippi Ave
Memphis, Tenn.

FORM OF WILL

I, Hugh Loy Miller.....(Name in full)

Regimental Number 1251637.....serving in 79th BATTERY, C. E. F.

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

I devise all my real estate unto

Mrs. Bella Miller,
490 Strathcona Ave.
Westmount, Que.

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

absolutely, and my personal estate I bequeath to

Mrs. Bella Miller,
490 Strathcona Ave.,
Westmount, Que.

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 17th day of November.....A.D. 1946.

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

H. Loy Miller......Signature of Soldier.

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

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

Signature of First Witness C. D. Fraser,.....

Address of Witness 943 Dorchester St. Montreal,.....

THE TWO
WITNESSES

Occupation of Witness Clerk......

MUST
SIGN HERE

Signature of Second Witness A. Moffat,.....

Address of Witness 240 Delisle St. Montreal,.....

Occupation of Witness Clerk...... Certified a true copy.

FORM OF WILL

I, the undersigned, do hereby certify that I am a resident of the State of California and that I am of legal age and sound mind and memory.

I hereby declare that I am not married, and I have no wife living. I have no children, and I have no other issue.

My last will and testament is hereby declared to be null and void, and I hereby declare that I have no other will in effect.

Witness my hand and the hand of the witnesses hereunto subscribed, at the County of [] State of California, this [] day of [] A.D. 19[].

Signature of Testator
Signature of Witnesses

Printed name and address of Testator
Printed name and address of Witnesses

Signature of First Witness
Address of Witness
Occupation of Witness

Signature of Second Witness
Address of Witness
Occupation of Witness

Printed name and address of Testator
Printed name and address of Witnesses

M

34.13

23936

E 2356
 1251637
 Gnr
 Miller
 H.L.
 A.P.O. 3 Siege
 Kin Batt
 86/12/7.

Perforated sheet for Will from Pay Book of Reg.

No. _____

Name _____

Unit _____

Military Will.

Well filed
 Wm J Miller
 490 Shakona Ave
 Westmore

PAYMASTER'S OFFICE
 28 JUN 1947
RESERVE BDE C.F.A.

Signature _____

Rank and Regt. _____

Date _____

79TH BATTERY, C. E. F.

FORM OF WILL.

I, Hugh Loy Miller (Name in full)
Regimental Number 1751637 serving in 79TH BATTERY, C. E. F.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs Bella Miller
490 Strathcona Ave
Westmount Que
Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs Bella Miller
490 Strathcona Ave
Westmount Que
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 17th day of November A. D. 1916
H. Loy Miller Signature of Soldier.

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

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

Signature of First Witness Ed Fraser
Address of Witness 943 Dorchester St Montreal
Occupation of Witness Clerk
Signature of Second Witness A Moffat
Address of Witness 240 Bevis St, Montreal
Occupation of Witness Clerk

FORM OF WILL

I, _____ of the County of _____ State of _____ do hereby certify that the foregoing is a true and correct copy of the original of the within and last mentioned will as the same is now on file in my office.

I, _____ Notary Public in and for the State of _____ do hereby certify that the foregoing is a true and correct copy of the original of the within and last mentioned will as the same is now on file in my office.

Notary Public in and for the State of _____
My Commission Expires _____
My Office is located at _____
City of _____ State of _____

Witness my hand and seal this _____ day of _____ 19____
at _____ City of _____ State of _____

1751637

MEDICAL HISTORY SHEET

Surname Miller Christian Name Hugh Ley

Examined on 12th day of Oct 1916 at Montreal
Birthplace { City or Town Westmount Rank yr M.O.
County Que

Apparent age 21
Trade or occupation Accountant M.O.
Height 6 feet 1 Inches M.O.
Weight 156 lbs. M.O.
Chest measurement { Minimum 32 inches M.O.
Maximum expansion 36 inches M.O.
Physical development Good M.O.
Small-pox Marks none M.O.

Vaccination Marks { Arm Right Left
Number 2
When Vaccinated last as above M.O.
(a) Marks indicating congenital peculiarities or previous disease none M.O.

(b) Slight defects but not sufficient to cause rejection
actrophe of right testicle JAN 11 1917 L.H. Roberts Capt M.C. M.O.
scrotal cyst MAR 15 1917 L.H. Roberts M.O.
3.4.17 M.O.

Enlisted on 16th day of October 1916 at Montreal

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>79th Aero Battery</u>	<u>1751637</u>		<u>16-Oct-16</u>
Transferred to	<u>C.3a. 282</u> <u>3rd Aero Bty. France</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Montreal</u>	<u>1st Nov 16</u>		<u>fit</u>



N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

J. Mo


MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

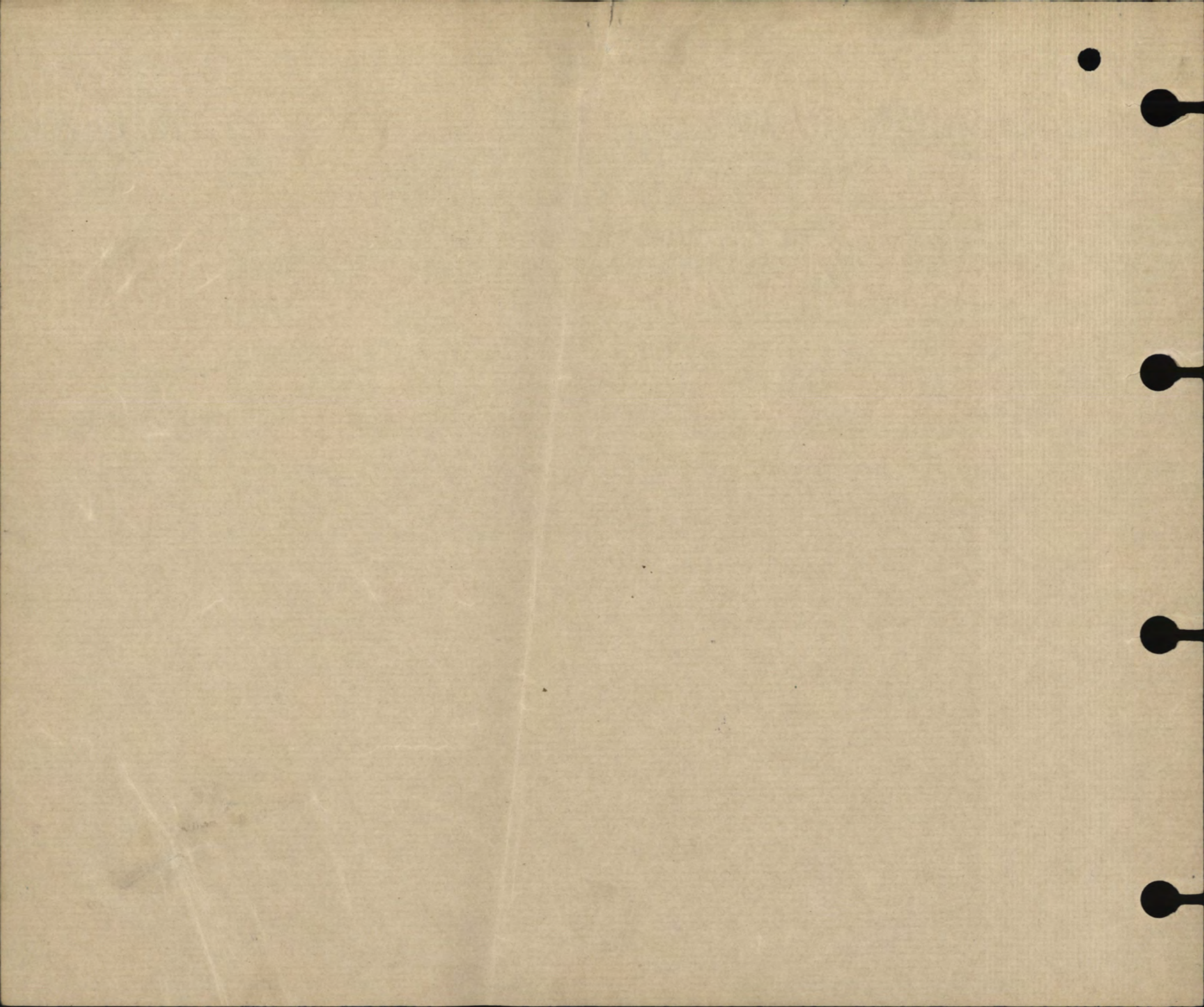
M. F. W. 12
 50m.--7-16
 H. Q. 1772-39-819

To Whom *Jos. D. Miller,* By Whom Assigned *Miller, Hugh L*
 Address *490 Strathcona Ave,* Regtl. No. *1251637*
Westmount Rank *Bomb.*
near Montreal, P.Q. Corps *191st Bty.*
 Rate *\$ 18.⁰⁰-*

APR 1917

PAYMENTS

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



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. *W. D. Miller*
(Assignee)

Name of Soldier

Miller, Hugh L
Bomb-191 of Bty-

PAYMENTS.

1251637-
\$18.00

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>75983</i>	<i>18</i>	
May		<i>X 12586</i> <i>X 10527</i>	<i>18</i> <i>18</i>	<i>18 B. X X 10527. Can in error 10 ⁵/₇ gpd.</i>
June		<i>W 19096</i>	<i>18</i>	<i>lu</i>
July		<i>X 23424</i>	<i>18</i>	<i>25</i>
Aug.		<i>L 31325</i>	<i>18</i>	
Sept.		<i>L 38600</i>	<i>18</i>	<i>lu</i>
Oct.		<i>B 44631</i>	<i>18</i>	
Nov.		<i>M 50631</i>	<i>18</i>	
Dec.		<i>L 60634</i>	<i>18</i>	
Jan.	1918			<i>162.</i>
Feb.				
March				
April				
May				
June				
July				

Bo. of Acc.

APR 1917

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.				

F. 559.
MARRIED OR SINGLE

Single
PLACE OF BIRTH *Westmount. Que*
NAME AND ADDRESS OF NEXT OF KIN *J. D. Miller*
490 Strathcona Ave. Westmount Montreal
RELATIONSHIP OF NEXT OF KIN *Father*
NAME AND ADDRESS OF NEXT OF KIN
RELATIONSHIP OF NEXT OF KIN
SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
PAYABLE TO
RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Reverts to Gen</i>	<i>8/4/17</i>	<i>Bo. 104 14/14</i>
<i>Killed in Action</i>	<i>1-12-17</i>	
<i>C. L. A. 112 d/</i>	<i>8-12-17</i>	

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

REG'L. No. *1251637* RANK *Gunner* NAME *Miller, Hugh Roy*
IF IN PERM. CORPS / WHAT UNIT *Dft 79 Bty* TRANSFERRED TO *30518* DATE *1-11-17* AUTHORITY *R.R.*
PERMANENT FORCE ALLOWANCES TRANSFERRED TO *W.S.J.* DATE *14/1/18* AUTHORITY
PLACE OF ATTESTATION *Montreal* TRANSFERRED TO *Accounts Pr* DATE *15/2/18* AUTHORITY
DATE OF ATTESTATION *October 16th 1916* TRANSFERRED TO *3 Serge W.S.J.* DATE AUTHORITY
ASSIGNED PAY MONTHLY \$ *20⁰⁰* DATE EFFECTIVE *April 1st 1917*
PAYABLE TO *Mr J. D. Miller, 490 Strathcona Ave, Westmount, Montreal* RELATIONSHIP *Father*
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *13/12/17* EFFECTIVE *1-1-18* REASON *Killed in Action*
DISCHARGE DATE AND PLACE REASON AND AUTHORITY
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



Entered on *E. Cas. Index*
Checked by *Jm Black*

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS						
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT									
			\$	c.			\$	c.			\$	c.																									
<i>Apr 7</i>	<i>15</i>	<i>805</i>																																			
<i>Apr 23</i>	<i>12</i>	<i>2530</i>																																			
<i>May 31</i>		<i>3410</i>																																			
<i>June 30</i>		<i>33</i>																																			
<i>July 31</i>		<i>3410</i>																																			
<i>Aug 31</i>		<i>3410</i>																																			
<i>Sept 30</i>		<i>3300</i>																																			
		<i>20165</i>																																			

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER.	MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER.
<i>Sept 30</i>		<i>5366</i>							<i>5366</i>		<i>Nov 30</i>	<i>Exp Pay</i>	<i>33</i>							<i>6776</i>	
<i>Oct 31</i>	<i>DR</i>	<i>3410</i>		<i>May Can.</i>					<i>206776</i>			<i>DR pay</i>	<i>3410</i>		<i>cap</i>						
		<i>3410</i>													<i>cap</i>						
<i>Nov</i>				<i>cap</i>											<i>Dr. 476 stop/17 c.a.n.a.</i>	<i>4461</i>					
				<i>Dr. 476 stop/17 c.a.n.a.</i>	<i>446</i>										<i>" cap 12/10/17 "</i>	<i>357</i>					
				<i>" 27 10/9/17 "</i>	<i>268</i>										<i>" 27 10/9/17 "</i>	<i>268</i>					
				<i>Dr. 837 10/17 DR 74</i>	<i>268</i>										<i>" 837 10/17 DR 43 10/17</i>	<i>268</i>					
				<i>" 4749 " 75 2/6/17</i>	<i>267</i>										<i>" 7710 " 84 31/7/17</i>	<i>268</i>					
				<i>cap on</i>											<i>Dr. 326th 21/1/17 3/19</i>	<i>268</i>					
				<i>Dr. 725 stop/17 "</i>	<i>357</i>																

Statement of
MAY 4 1918
Account rendered

Statement of
SEP 12 1918
Account rendered

67.10

67.19

1251637. Gunner Miller. Hugh Ross.

Assigned pay 20⁰⁰ "Canada"

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS												
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3					4					CREDIT	DEBIT										
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE															
	<u>1918</u>	Apr			67	10	Forward				29	67																									
								29					40																								

Food

67 10 Forward

29 67

40 67 76

M 12728 4/4/17 2 43

Cash found in effects 02

Balance transferred to N.E. Branch

67 19

1918 Feb 20th to 3rd 1656 1/13.10.28/38

67 21

1918 June

\$ 67 21 to Ottawa for Sect. 11/6/18 Nov 21 N.E. 54/1

0

1918 June

Balance transferred to Pay II 0 nil

August to Oct 18

18 00 18 00 local to Ottawa 1/17 18 00 18 00

18 00 18 00

Oct 18

Soldier killed in action 1/12/17.

ap. account to be audited

H.R. M.C.

ap. a.

Observation No. S-3277.

Ottawa, May 22nd., 1919.

Division,

Canada.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Apr 1/17.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>18.</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *1251637,*
 Rank *Bomb.* Promoted Reverted Discharge
 Soldier's Name *Hugh L. Miller*
 Battalion *191st Batty.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Jos L. Miller*
 Address *490 Strathcona Ave.*
 Westmount *Change of Address* *Montreal Que.*
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS																		
<i>1917</i>																							
<i>Dec 31</i>			<i>162</i>	<i>162</i>																			
<i>Jan 18</i>	<i>67326</i>		<i>-18</i>	<i>-18</i>	<i>012848-455</i> <i>C.F.X. 162⁰⁰ to 31-12-17.</i> <i>X 67326 cancelled. acct closed 31-12-17.</i> <i>#162⁰⁰ E.F. X. rendered 10⁵/18/17.</i>																		
					<div data-bbox="1848 1098 2460 1357" data-label="Form"> <table border="1"> <tr> <td>Reasons Notified</td> <td>Date</td> <td><i>7-1-18</i></td> </tr> <tr> <td>Killed in action</td> <td>Date</td> <td><i>1-12-17</i></td> </tr> <tr> <td>Kind of Wounds</td> <td>Date</td> <td><i>1-12-17</i></td> </tr> <tr> <td>Missing</td> <td>Date</td> <td><i>1-12-17</i></td> </tr> <tr> <td>Clerk</td> <td><i>Ball</i></td> <td></td> </tr> <tr> <td>Date Noted</td> <td></td> <td><i>7-1-1918</i></td> </tr> </table> </div> <p><i>#20⁰⁰ per month was deducted by England from 1⁴/₁₇ to 31¹²/₁₇ total #180⁰⁰ v thereof a/c unpaid #180⁰⁰ for which Estates Branch ask to credit a/c. W.Y. verry 21-6-18. E. D Branch memo # is 649-M28849 on file</i></p>	Reasons Notified	Date	<i>7-1-18</i>	Killed in action	Date	<i>1-12-17</i>	Kind of Wounds	Date	<i>1-12-17</i>	Missing	Date	<i>1-12-17</i>	Clerk	<i>Ball</i>		Date Noted		<i>7-1-1918</i>
Reasons Notified	Date	<i>7-1-18</i>																					
Killed in action	Date	<i>1-12-17</i>																					
Kind of Wounds	Date	<i>1-12-17</i>																					
Missing	Date	<i>1-12-17</i>																					
Clerk	<i>Ball</i>																						
Date Noted		<i>7-1-1918</i>																					

M. F. W. 128
 400M-6-17-172-39-1141
 L. L. 22220-M. & D. 1903.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 22220-M. & D. 1963.