

ATTESTATION PAPER.

No. 487319

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your name?..... **NORMAN FERGUSON MILLAR**.....
- 2. In what Town, Township or Parish, and in what Country were you born?..... **St. Laurent, Que. Canada**.....
- 3. What is the name of your next-of kin?..... **Norman Millar (father)**.....
- 4. What is the address of your next-of-kin?..... **53 Decelles Av. St. Laurent, Que Canada**.....
- 5. What is the date of your birth?..... **Sept. 22nd, 1895**.....
- 6. What is your Trade or Calling?..... **Clerk**.....
- 7. Are you married?..... **No.**.....
- 8. Are you willing to be vaccinated or re-vaccinated **or inoculated**?..... **Yes**.....
- 9. Do you now belong to the Active Militia?..... **No.**.....
- 10. Have you ever served in any Military Force?..... **No.**.....
- 11. Do you understand the nature and terms of your engagement?..... **Yes**.....
- 12. Are you willing to be attested to serve in the } **Yes**.....  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }



*Norman Millar*..... (Signature of Man.)  
*J. Roberts*..... (Signature of Witness)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **NORMAN FERGUSON MILLAR**....., 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.

*Norman Millar*..... (Signature of Recruit)  
*J. Roberts*..... (Signature of Witness)

Date **4th. December**.....191**5**.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **NORMAN FERGUSON MILLAR**....., 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.

*Norman Millar*..... (Signature of Recruit)  
*J. Roberts*..... (Signature of Witness)

Date **4th. December**.....191**5**.

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, P. Que.**..... this **4th.** day of **December**.....19**15**.

*A. Sheppard*..... (Signature of Justice)

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

*A. Sheppard*..... (Approving Officer)

4/12/15  
original

Description of NORMAN FERGUSON MILLAR on Enlistment.

Apparent Age 20 years 2 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. 3 ins.

*Nil*

Chest measurement: (Girth when fully expanded) 34 1/2 ins.  
 Range of expansion 2 1/2 ins.

Complexion fair

Eyes Blue

Hair brown

Religious denominations:  
 Church of England.....  
 Presbyterian..... yes  
~~Wesleyan~~ Methodist.....  
 Baptist or Congregationalist.....  
 Other Protestants.....  
 (Denomination to be stated.)  
 Roman Catholic.....  
 Jewish.....



CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 4th. December 1915.

*J. A. H. Roberts*

Place Montreal, P. Que.

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.

NORMAN FERGUSON MILLAR 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.

*Robt* (Signature of Officer)

Date 4th. December 1915.

*Capr*

20 4/18 20

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

R. O. No.....

H. Q. No.....

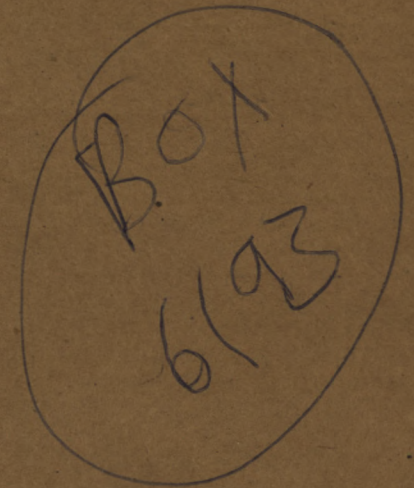
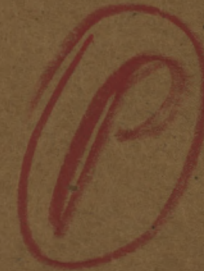


Name MILLAR, NORMAN FERGUSON.

Regt. No. 487319 Rank PTE.

Corps P.P.C.I. (5th University Co.)  
KILLED IN ACTION.

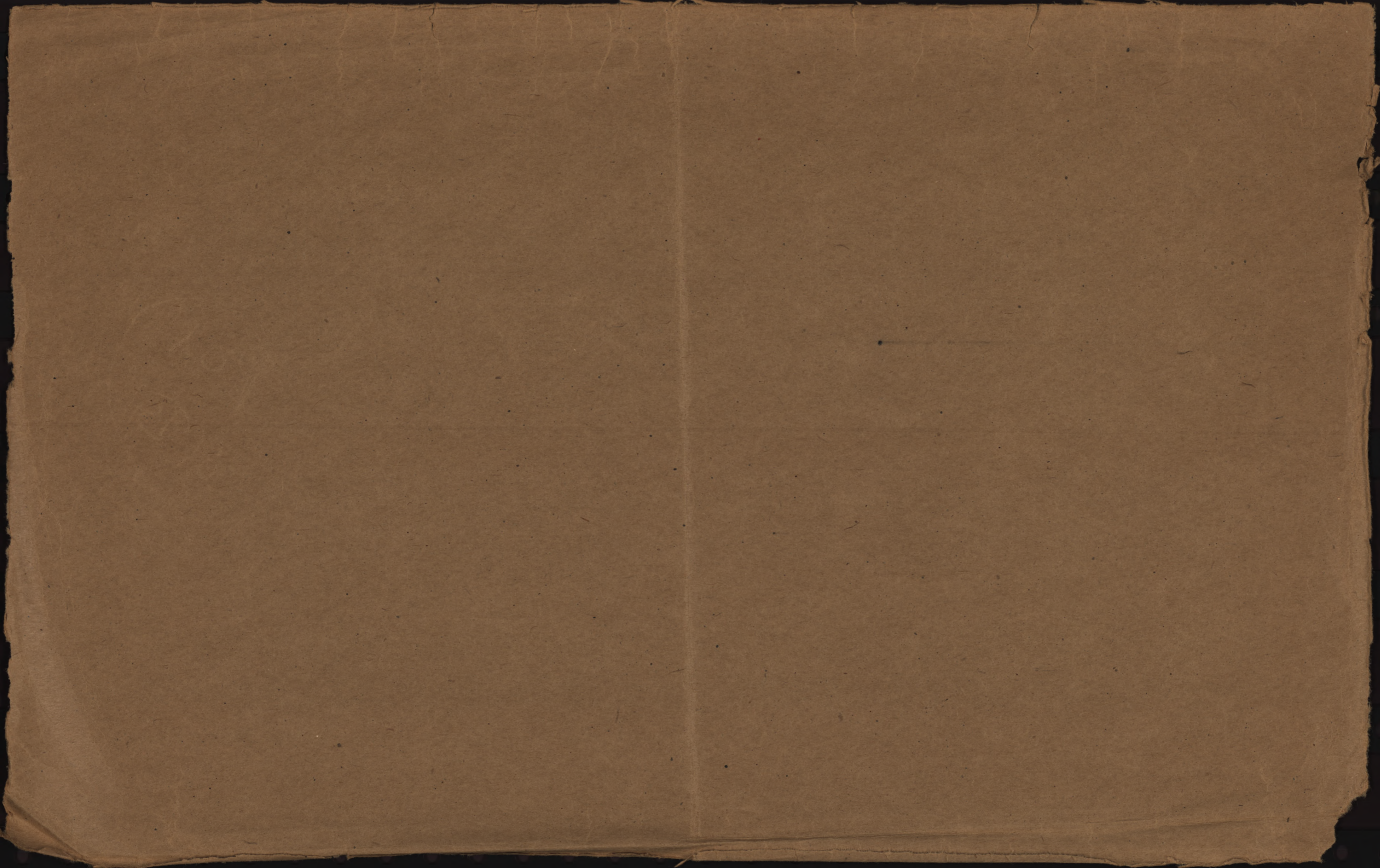
20686



15-11  
14-13

*Res card 1 H. Q. card  
1 my will  
misc card*

*M. Y.  
7-1-21  
AC*



487319

MILLAR

NORMAN FERGUSON

**I.D. number**  
**No. d'identification**

**Surname**  
**Nom de famille**

**Given names**  
**Prénoms**

*Killed in Action 15.9.16*

**PERSONNEL RECORDS CENTRE**  
**CENTRE DES DOCUMENTS DU**  
**PERSONNEL**

*Open  
ATIA*

**Location**  
**Lieu**

*6193*



(649-M-8430)

NAME

Millar, Norman Ferguson Military Medal

RANK & NO.

Ote.

487319

CORPS

5th Universities McGill C.

ENLISTMENT, PLACE

Montreal

DATE

Dec. 4th 1915

FORMER CORPS

nil

COUNTRY OF BIRTH

Canada St. Laurent, P. Q.

NEXT OF KIN

Millar, Norman (father)

ADDRESS OF NEXT OF KIN

53 Decelles Ave. St. Laurent, P. Q.

DISCHARGE, PLACE

DATE



of S-1-4-16. 382  
10

REMARKS:

awarded military medal (auth S. S. Sec 8/1916.) 29854







Name **Miller, Norman Rank Pte.**  
**Ferguson.**

Reg. No. **487319.**

Unit **P.P.C.L.I.**

*P.L. 25-m-2754*

Next  Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1916</i> <i>159</i>	<i>Killed in Action</i>			<i>A</i> <i>460</i>	<i>1698</i>	<i>29/9/16.</i>
	<i>hon</i>					



REGT'L NO 487319

NAME *Miller Norman Ferguson*

H. Q. FILE No. 649-

RANK AND CORPS *Pte*

*PR Co I 5th Univ  
me Gilt*

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY.

FOLLOWS

*01698.*

*28-9-16*

*Killed in action Sept 15th 1916 ✓*

*A. F. B2090 A*

*Rouen*

*25-9-16*

*Killed in action Sept. 15, 1916.*

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LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A460-1

Rep. from Base

15-9-16

Killed in action



*Hand*  
*PA*



*Pte*  
*JB*  
*W*

Number. 487319

Surname. MILLAR

Christian Name. Norman Ferguson

Unit. P. P. C. P. I. Theatre of War. France

Date of Service. 6-6-16

Remarks. Father

Latest Address. Mr. Norman Miller

53. Decelles. Ave.

St. Laurent P. Q.

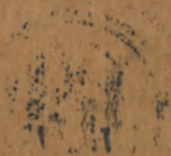
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MM

649-M-8730.

P. P. C. L. I.

✓ ✓ ✓  
Millar, N.F.

✓ ✓  
Pte. #487319

5th McG. Univ. Co.

Medals and Decs:

Father

Norman Millar, Esq.,  
53 Decelles Ave.,  
St. Laurent, P.Q.

M

JUN 7

Scroll Desp.

Reqn. No.

46087

P. & S.

As above.

"  
Plague Desp.

Reqn. No.

P 12203

(Ser. #762590)

OCT 18 1921

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Memorial Cross

Mother

Mrs. Annie Jane Millar,  
Address as above.

not elig for 14-15 star  
E .. .. V m  
E .. .. B W m

22673

ac

995-

*M* 6-40918 JAN 13 1921

ST. LOUIS, MO.

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Surname

Millar

Christian Name or Names

N. F.

Reg. No.

487319

Rank

Plt

Unit

P. P. C. L. L.

Co.

Troop

Batty.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.



Diagnosis

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action

DISPOSITION

Rep'd here - 10-9-16

Date

el 29-9-16 - Q 460'

REMARKS

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

E.T.

Rank

Name **MILLAR, Norman Ferguson.**

Reg'l No. 487319

Unit **5th Un.Coy. to 11th  
Res Bn.**If in perm. Corps,  
What Unit? }Married or Single **Single.**

Place and Date of Enlistment

**Montreal. Dec 4th 1915.**Place of Birth **St.Laurent.Que.**

Name and Address, Next-of-Kin

**Norman Millar.****53 Decelles Ave. St.Laurent.Quebec, Canada.**Relationship **Father.**

Assigned Pay Monthly \$

Payable to

Relationship

**N.E.R.B No 4**

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

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.				
		<i>Arrived in England.</i>	<i>SS Olympic</i>	<i>13.4.16.</i>	
<i>12.4.16</i>	<i>oc. 11 Bln</i>	<i>taken on strength</i>	<i>N. Sandling</i>	<i>12.4.16</i>	<i>REO 88</i>
<i>27.4.16</i>	<i>"</i>	<i>Struck off to RCR &amp; PPCXI Def.</i>	<i>do</i>	<i>27.4.16</i>	<i>" 100</i>
<i>29.4.16</i>	<i>of RCR &amp; PPCXI</i>	<i>taken on strength</i>	<i>Sandling</i>	<i>do</i>	<i>" 3.</i>
<i>6-6-16</i>	<i>do.</i>	<i>Struck off strength to PPCXI</i>	<i>Oursew.</i>	<i>6-6-16</i>	<i>" 34 APPERL 14-6-16</i>
<i>14.7.16</i>	<i>PP6L1</i>	<i>J.O.S.</i>	<i>Field</i>	<i>7.6.16</i>	<i>PII #34.</i>
<i>29.9.16</i>	<i>Base</i>	<i>Repts Killed in action</i>	<i>"</i>	<i>15.9.16</i>	<i>C.L. 4460 OK. 15</i>
<i>25.9.16</i>	<i>---</i>	<i>Killed in Action</i>	<i>---</i>	<i>15.9.16</i>	<i>PII 051</i>
<i>8.1.17</i>	<i>PP6L3.</i>	<i>Awarded Military Medal</i>	<i>"</i>		<i>PII 042 L.S. 29554. 9.12.16</i>

N.E. R.D. 115  
File R.L.  
Category **K.A.**

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7-1-21  
oc  
M

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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.				

H

ORIGINAL  
MEDICAL HISTORY SHEET.

487219

*Original*

Surname HILLAR Christian Name NORMAN FERGUSON

Examined { on 4th. day of December 1915  
 { at Montreal, P.Q.  
 Birthplace { City or Town St. Laurent  
 { County Que.

Approved by *Jacob Stebbins*  
 Rank M.O.

Apparent age 20 yrs. 2 mo.  
 Trade or occupation Clerk  
 Height 5 Feet 3 Inches. M.O.  
 Weight 108. Lbs. M.O.  
 Chest measurement { Minimum 32. inches. M.O.  
 { Maximum expansion 34 1/2. inches. M.O.  
 Physical development Good. M.O.  
 Small-Pox Marks No. M.O.



Vaccination Marks { Arm Right. Left.  
 { Number 2  
 When Vaccinated last 6 years ago 25 1/16 - J. A. Fairie M.O.  
 (a) Marks indicating congenital peculiarities or previous disease None M.O.

(b) Slight defects but not sufficient to cause rejection None  
 Date Result ANTI-TYPHOID INOCULATIONS, ETC.  
10 12/15 J. A. Fairie M.O.  
17 12/15 J. A. Fairie M.O.  
29 1/16 J. A. Fairie M.O.

Enlisted on 4th day of December 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>5th Overseas Universities Co., C. C. H</u>			
Transferred to.....	<u>P. P. C. L. J.</u>	<u>487319</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.



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 15m.-3-16.  
 H. Q. 1772-39-819.

Sheet No. 2. Norman Millar

Name of Soldier Millar Norman  
 787319 5<sup>th</sup> Universities Co

L. L. Job 95618—M. & D. 6555.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	W 3436	20	20. <sup>00</sup> APR 1 - 1916 <div style="border: 1px solid red; padding: 5px; display: inline-block;">Casualties</div> Account closed bus 120. <sup>00</sup> E. F. X 915-117 PM
May		X 6989	20.	
June		84125	20	
July		011705	20	
Aug.		E 12736	20	
Sept.		0 19495	20	
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN  
 ASSIGNED PAY AUDITED

*J. H. Brown*  
 AUDIT CLERK

DATE ..... MAY 31 1919 .....

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MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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.				



MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

To Whom *Mrs Norman Miller*  
Address *53 Decelles ave*  
*St. Laurent, Que*  
Rate *20<sup>00</sup> XX* **APR 1 1916**

By Whom Assigned

Regtl. No.

Rank

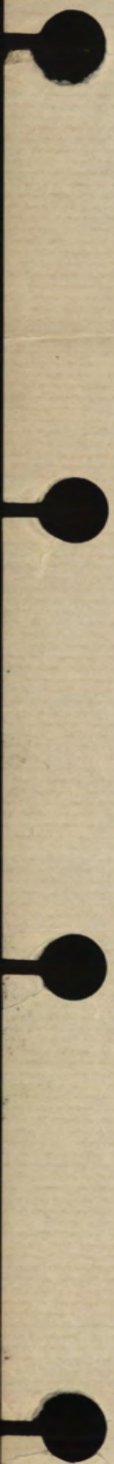
Corps

*Miller, Norman J,*  
*487 319*  
*Private*  
*5th Infantry*

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div data-bbox="1212 767 1653 940" style="border: 1px solid black; padding: 5px; text-align: center;"> <i>Casualties</i> </div> <p><i>Killed in action Sept 15/16</i> <i>Co (28) 29-9-16</i></p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

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DIVERSITY



J.W.S.

CERTIFIED CORRECT.  
Canadian Record Office,  
54, A. F. D. 10  
11, Victoria B.C.

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

# Casualty Form—Active Service.

~~5th OVERSEAS UNIVERSITIES CO., C.E.F.~~

Unit, Regiment or Corps

Regimental No. 487319 Rank Private Name Norman Ferguson Mear  
C. E. F.

Enlisted (a) Dec 4/15 Terms of Service (a) D. J. W. Service reckons from (a) Dec 4/15

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Plenty

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				

		Embarked in Canada per S/S Olympic Re-embarked in England Drafted to P.P.O.L.I. France 6/6/16.		1st April 1916	
				11th " 1916	

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N.A. Sparks  
LIEUT. & ADJT.  
R.O.R. & P.P.O.L.I. DEPOT.

7-6-16.	Can Base Depot.	Arrived in France and taken on strength of Battn at Can Base Depot.	7-6-16.	Nom Roll. Pt 11 Ords. 24
7-6-16.	Can Base D.	Left Can Base Depot for Unit.	8-6-16.	Nom Roll.
17-6-16.	O.C. Battn.	Joined Unit from Base Field.	9-6-16.	B.213.
20/9/16	B.C. Pt	Killed in action Field	15/9/16	File K.I. 137/1271 Pt II ords no 57 d 25/9/16

[Signature] Lieutenant  
for Lt Col. A. A. G.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Bill in form - Civil number, rank and name  
**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				
<i>(The entire body of the table is crossed out with a large diagonal red line.)</i>					

In the case of a man who has reported loss of military rank, the date of such loss should be reported in column 5, and the date of such loss should be reported in column 6.

MARRIED OR SINGLE *S*  
 PLACE OF BIRTH *St Laurent, Quebec, Canada.*  
 NAME AND ADDRESS OF NEXT OF KIN *Kosman Millar,  
 53 Decelles Avenue, St Laurent, Quebec, Canada*  
 RELATIONSHIP OF NEXT OF KIN *Father*  
 NAME AND ADDRESS OF NEXT OF KIN

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Killed in Action</i>	<i>15.9.16</i>	<i>B.L. 260 29/9/16</i>

REG'L. NO. *487319* RANK *Pte* NAME *Miller, Norman Ferguson*  
 IF IN PERM. CORPS WHAT UNIT *P.P.C.S. (Depot)* TRANSFERRED TO *P.P.C.S.* DATE *6-6-16* AUTHORITY *D.O. 34*  
 PERMANENT FORCE ALLOWANCES *0* TRANSFERRED TO *N.E.* DATE *16/9/16* AUTHORITY *6-6-16*  
 PLACE OF ATTESTATION *Montreal* TRANSFERRED TO AUTHORITY  
 DATE OF ATTESTATION *December 4<sup>th</sup> 1915* TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ *20<sup>++</sup>* DATE EFFECTIVE *April 1<sup>st</sup> 1916*



RELATIONSHIP OF NEXT OF KIN  
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)  
 PAYABLE TO  
 RELATIONSHIP OF DEPENDANT

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

PAYABLE TO *Mrs Kosman Millar, 53 Decelles Ave, St Laurent, Quebec* RELATIONSHIP *Mother*  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *2-10-16* EFFECTIVE *1-11-16* REASON *Filed in Action B.L. 460 29/9/16*  
 DISCHARGE DATE AND PLACE *15/9/16* REASON AND AUTHORITY *Do Do*  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *16/9/16*  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ADJUSTMENT OF A.P. FROM OTTAWA  
 Authority *644-M-5730 dt. 12-5-17*  
 Reason *Rec'd*  
 A.P. *2000*  
 Oct/16 *but Paid*  
 Statement *1023*

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				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	ASSIGNED PAY	OTHER CHARGES				TOTAL DEBITS	CREDIT	DEBIT					
			\$	c.			\$	c.			\$	c.																				\$	c.	NO.	DATE	NO.
<i>1916</i>																																				
<i>31-2-16</i>																																				
<i>1-30/4/16</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>																														
<i>1/6 31/6</i>	<i>31</i>	<i>100</i>	<i>3100</i>	<i>31</i>	<i>10</i>	<i>310</i>																														
<i>1/6 5/6</i>	<i>5</i>	<i>100</i>	<i>500</i>	<i>5</i>	<i>10</i>	<i>50</i>																														
<i>1/6 2/6</i>	<i>25</i>	<i>10</i>	<i>250</i>	<i>25</i>	<i>10</i>	<i>250</i>																														
<i>July</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>																														
<i>Aug</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>																														
<i>Sept.</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>300</i>																														
<i>Oct.</i>																																				

Checked *Dunnington*

*M. Smith*

*N.E. April 17*  
*Sept 17*

Cash found in effects *NR*

*2000*

Stated *2000* of  
**MAR 21 1917**  
 Account rendered

CANADIAN  
 ASSIGNED PAY AUDITED  
*J. H. Brown*  
 AUDIT CLERK  
 DATE *MAY 31 1919*

*Pay A. 14/16 20/16 remain*  
*2 11/2 Oct 19/16*  
*Killed in action 15/9/16*  
*B.L. 460 29/9/16*  
*A. 3. M. form eff 1/11/16*  
*2128 to Ottawa in Dec 17/16*  
*Can. 20 P.P. Out 16 4649-m 8730*  
*S. to Ottawa 17/17 1105*

Form for tracking financial data with columns for DATE, P A Y, FIELD ALLOWANCE, WORKING OR SPECIAL PAY, ASSIGNED PAY CREDITS, OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS (1-4), CASH PAYMENTS (1-4), ASSIGNED PAY, OTHER CHARGES, TOTAL DEBITS, BALANCE (CREDIT, DEBIT), PAY WITHHELD OR DEFERRED, PAY AVAILABLE FOR ISSUE, and REMARKS.



- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 487319

Name Norman F Millar

Unit P.P.C. L.I.

Military Will.

In the event of my death I give the whole of my property and effects to my mother, Mrs Norman Millar  
53 Duclles Ave.,  
St Laurent, Que.,  
Canada.

Signature Pte Norman F Millar

Rank and Regt. P.P.C. L.I. C.E.F.


Date 19th May 1916.



20626 ✓

D 215-3/1/0

2162-6/14

NOT CHARGED  JAN 5 1917

