





Militia Book M-1. (Part I) 40/P&S/279 (12/42)

### SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

#### INSTRUCTIONS TO SOLDIER

y ponsible for the 1. You will be held po custody of this book. on your person

2. You will always when on duty, and on est

3. You must whenever called upon to do so by a compe of schori y, viz.: Officer, Warrant Officer, N.C.O., Milite & Louiceman or Civilian Police.

4. You must not after or make any entry in this book (except as regard short form of Will on page 24; see instructions on p jes 20 to 23), and disobedience of this order will be treated as a serious offence

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

### (XIV) PARTICULARS OF DENTAL TREATMENT

Date	Re- quired	Com- plet- ed	Use authorized Abbrevi- ations and Symbols	Signature of Dental Officer
mush 4			16	Moder Capt
		1.		
		1		

### (1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. 477669
Surname (in capitals). MILLINGTON
Christian Names (in full). WILLIAM HENRY
Date of Birth
Place of Birth MONTREAL, QUE CANDOR.
Trade on Enlistment. 4ABOORER.
Nationality of Father at birth
Nationality of Mother at birth
Religion 5 0 1
Enlisted at MONTON Privile CANADA-
Date. 2 3 0 1 40
Particulars of former
service (if any) i.e. Regtl. No., Corps
and period.
Signature of Soldier.
Signature of Officer
Place Date

Near rel	est degree of atjonship	Names	Date
	Wife		
18t	Children		
Om d	Father	WILLIAM HENRY MILLING TON	23 MARV
2nd Mother	AS FLING TON	L3 MAR V	
8rd	*Brothers and Sisters		
4th	Other Relations (stating) relationship)		

<sup>\*</sup>State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records. effect as a Will (see pages 20 to 23)

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Signature of Officer  w makerin LT	
Authority of Part II Orders	
Substantive, Temporary, Acting or Local (with or without pay)	
Rank and Appointment ment  PTR  TPR	
Date Date	

TRAINED (pass Service	sed Recruit's Couce) except that he	requires furth	own for his arm of the training in:*
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Qualified in addi	tion as under:		
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		/	
Date			

#### (V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
QUALIFIED DRIVER 1/C Oual DUD HO "C"  ED 41	14 JUL 42	SMURING MAJOR

#### (VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
1941	RIFLE BRO		
".	LMG I		IN. MARTIN L
.7/	PISTAL 2NO		
	MMG 15 F		
		Prin	

(IX) EMPLOYMENT WHILST SERVING Remarks and Signature of O.C. Coy., etc. Period Nature of Employment To From To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner. (X) MEDICAL CLASSIFICATION Category or Grade Medical Examiner of Recruits, or other Medical Authority Signature of Medi-cal Officer Date 

(XI) PRESCRIPTION FOR GLASSES Vision with Axis Vision Date of Exam.: Ophth, Centre: Standard SPH CYL without Glasses Notation Glasses Date of Issue: Frame No. (or measurements): R L Signature of M.O..... Vision Vision Date of Exam.: Ophth, Centre: with CYL ndard SPH without Glasses ation Glasses Date of Issue: Frame No. (or measurements): R 0 . L Signature of M.O..... (XII) PARTICULARS OF DENTURES SUPPLIED Signature of Medical or Dental Officer Particulars Date PARTIAL UPPER DENTURE 12 SEP &1 WMAKTIN FOR ZOD (XIII) PARTIA OF SURGICAL APPLIANCES ISSUED · Signature of Medical Officer Particulars Date 

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TAB/3	24007 40	
	30 " 46	TIN .
	6 NOV 40	/ MARIE
TETHNUS TOXICE	24007 40	PED
11	23 NOV 40	
TABT - /2	5 NOV 41	
ABT - /cc		FD MACKENZIE ODPI
T.AB.T. /2 CC	15-11-43	Ellackan Capt
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**	24:1544	9700
" Ueu Very -	1.5.12 ps. 4.4	Bratabah Cojes
	2 15 TO 15	300 L
(XV) V	INATION	
Date Vaccinated	Signature	e of Medical Officer
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7 SEP 142	Epmi	PEKENZIE COPT
20 May 44 June	4 4	Jula Capo

#### (XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)
NOTE.—No entry on this page has any legal effect as a WILL

1-2-6 FER 1-204 -92 mm 4	3C.W.D. Scittcher 3C.W.D. Scittcher
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296	.,,

Solely for use on Active Service. The Will, on page 24, must NOT be used until you have been placed under orders for Active Service.

#### SHORT FORM OF WILL (Write Will on next page)

If a soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. It must be entirely in his own handwriting and must be signed by him and dated. The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.

The following is a specimen of a Will leaving all to one person :-

In the event of my death give to whole of my 999 High Street, Toronto.

(Signature) E BULL,

Private No. 30000,

Date 5th A

The following is a specim on of a Will leaving legacies to more than one person :-

In the event of my death, I give \$10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give \$5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remaining part of my property to my mother, Mrs, Mary Bull, 999 High Street, Toronto.

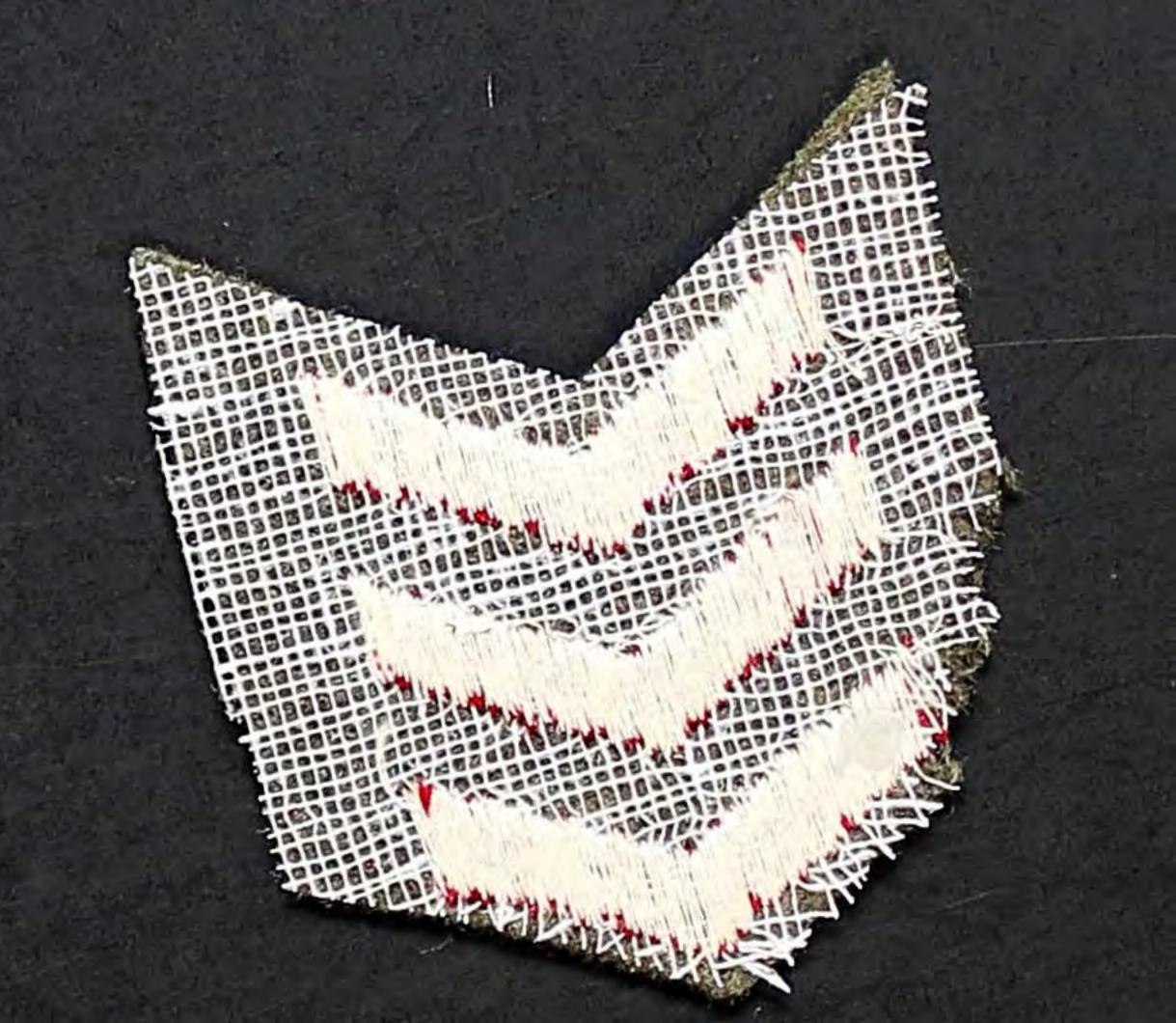
(Signature)

GEORGE BULL, Private No. 30000,

Date 5th August, 1936.

A soldier who has made a Will is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records. Name Rank states that he has executed a Will and that the same has been deposited with Signature of Officer. Rank or Appointment. Date Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms prolided, M.F.M. 10 with one or more beneficiaries of M. 10a in the case of a soldier owning real esta deto hand this document duly anding Officer for transexecuted to then mission to the Rec custody. The Officer receiving suc ill shall complete the following certificate-Certificate M.F.M....received and forwarded to the Officer i/c Records at OFTAWA, ONT. no details Signature of Officer. in ald book. Rank or Appointment. C. W.D.S.







M.J.A. 500M-1-44 (3467) H.Q. 1772-45-8

				FILE NO. 405-M-36395
MILLINGTON, William	Henry	D.77669	Tpr.	7th.Recce.Unit.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star	
Defence Medal War Medal 1939-45	5149-18-11-49.
C.V.S.M. & Clasp	
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL REGISTRATION NO. DATE OF DESPATCH MEMORIAL B'R (1) MEDALS PERSON Mrs. Edna Millington, ENTITLED TO DATE DESP. II8 Empire St., GREENFIELD PARK, ADDRESS: P.Q. (2) MEMORIAL CROSS WIDOW ADDRESS: (3) MEMORIAL CROSS MOTHER Mrs. Edna Millington, ENGLISH ADDRESS: 118 Empire St., GREENFIELD PARK, P.Q.

Rank Trooper MILLINGTON, William Henry ND.77669 Name Date of death 8th July, 1944. C.A.C. Unit Died at France Cause Killed in Action. 405-M-36395 Death occurred on strength of Forces. H.Q. Relationship Mother Mrs. Edna Millington NK III Churchill Blvd., 118-Empire-Street, Greenfield Park, P.Q. Address Remains buried in Bray France 938/738 sheet 7F/1 Caen Cemeter Grave

BURIAL REPORT TO N.KEEB 1 1946
RETURN TO BUR. OF STAT.JUL 9 1945
ROYAL MESSAGE DESPID. 24/7/44
CAN. MESSAGE DESPID. 24/7/44

Temp BR 3... to NX Map

Beny-sur-Mer Canadian Military Beny-sur-Mer, France. Grave 2, row E, plot 4.

Cem

All & CR Form Dospd. JAN 2 Photographs Despatched Whether I will be 1947

### OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

	Section A—GENERAL INFORMATION	PLEASE LEAVE BLANK
1.	(a) Print name in full MILLINGTON, William Henry (b) Reg'l. No. 277669 (c) Army (d) Arm of service Army (e) Unit Oyal Montreal Regt (c) Rank. Pto.	
3.	(a) Date of birth 25 AUG 21 (b) Have you any dependents? You at time of enlistment (c) Rank (c) Rank (d) Rank (e) Rank (e) Rank (e) Rank (f) Rank (	
4.	(a) Place of enlistment. Montreal, P.Q. (b) Date of enlistment 23 OCT 40	
	Section B—EDUCATION AND TRAINING	
6	(a) State age on finally leaving school	
٠.	(for instance—"4 years, Public School", "two years, High School", "Junior years High School S	
7.	If you attended a university, give name of university and standing or degree secured.  (a) Did you ever (b) If so	
8.	(a) If you did not	
9.	apprenticeship?	
	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
10.	(a) State whether you were	
	ING at time of enlistment.	
	(Enter here only "Work- ing" or "Not Working", as case may be: particu-  professional society	
4	as case may be; particu- "WORKING" professional society lars are asked for below) were you a member?	
	Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME	ř.
The state of the s	OF ENLISTMENT  QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)	
11.	Had you ever been employed fairly regularly since leaving school?	
	(a) If answer to 11 be "Yes", state exact trade or occupation  (b) State how long you had worked at this	
33	at which you actually worked trade or occupation	1000
- E	If answer to 11 be "No", state exact trade or occupation for which you feel qualified	
1	when you last worked fairly regularly before enlistment	
16.	employer, if any: Name	
17.	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)  (a) If your last employment was in a business of your own, state  (b) Date of dis-	
	in a business of your own, state nature and address of business	
	Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT	70
Q	UESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT	
新的		
18.	IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21  Name of employer	
19.	Nature of employer's business (for instance, "farmer", or "building and the same an	
20.	(a) Your Servicement (b) Number of years' experience at a minimum.	
21.	specific occupation	*
	employment on discharge?employment on discharge?former employment?	The same of
	IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23	The same of the sa
	(a) State nature of business,  or professional practice	
23.	(a) Number of years  (b) Have you made, or will you make plans to engaged in this business	
	Section F—PARTICULARS OF FARMING EXPERIENCE	37 218 1
24.	(a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war? to operate a farm? kind of farming?	
25.	(a) Were you (b) How many years' actual (c) In what provinces born on a farm? farming experience have you had? did you have experience?	7
-	Section G—MISCELLANEOUS	
	Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
27.	If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.).  State any employment preference or ambition you  Would like to operate a crane.	
28.	State any employment preference or ambition you would like to operate a crane may have, other than indicated elsewhere in this form	0 1
		3

SIGNATURE AN H. Millington. many and the property of the state of the property of the state of the

Mrs. Edna Millington
118 Empire St.,
Greenfield Park, P.Q.

Any further communication on this subject should be addressed to:—

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:-

H.Q. 405-M-36, 395 FD 203

# DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

AUGUST 11 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

MILLINGTON William Henry Trooper D-77669 .....

7th Reconnaissance Regiment

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

lew. Pylous lieut
for Director of Estates.

J/L.

M.F.W. 77 6-44 (4878) H.Q. 1772-39-972 North P. fee

#### ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

rees	THE RESIDENCE OF THE PARTY OF T		INFORMANT'S STATE	MENT
of ela- on- nip	RELAT required to be		NAME IN FULL  of any Relative, if any, in each degree  specified  Age	ADDRESS IN FULL  of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the D	eceased	NiL	
2	Children of the dates of their	Deceased and Births	est exacts to serve sale of pre brooms to consquisite designations and the constructions of the construction of the constructi	credit roll ben/Ledgleliners
		Seight-day	rocky william Manily Proces	
			inemATTLesmesignacoeff hit	
3	Father of the D	eceased	W. HMILLINGFON	122 Empireldant
4	Mother of the L	Deceased	EdNA MILLINGTON	greenfield ark a
5	Brothers of the Deceased	Full Blood	HAROLdMilLington	122 Empiro auf Greenfield Park FREENFIELD Ques
		Half Blood		
			KATH LEVEN MILLINGTON	
		Full Blood		122 2 Empire aux
6	Sisters of the Deceased			Greanfield Par
		Half Blood		
7	Names of brothers of the full or the Deceased, who a	s or sisters (whether ne half blood) of the are dead, and date of	Names and ages of their children (if any)	Address of their children
	death of each.			

# ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	WILLIAM HENRY MILLINGTON
9	Date of his birth.	Aug-25th 1923.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	MONTREAL QUE - PPRAIL 28th 1921-
	PARTICULARS OF D	OMICILE
12	Place where deceased was born.	Montre AL. QUE.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) QUEBEC. (b) QUEBEC. (c) (d)
14	Nature of employment before enlistment.	School-
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	
	PARTICULARS OF	ESTATE
17	Did he leave a Will? If in your custody, please forward.	NO
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	NiL
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	NiL
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	NIL-NONE
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	
	OTHER PARTICU	JLARS
24	Did the deceased after enlistment incur any debts for:—  (a) His own separate board and lodging while on service.  (b) Service clothing and equipment.  An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No
	(Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Government authorized in the Regulations. Any amount of such expenses by the Government nor is it chargeable against the service estated	in excess of those authorized in the Regulations is not payable

#### DECLARATION

'Insert degree of relationship for example, "Widow", "Father", statement of all the relatives that the deceased ever had in the degrees specified; and the manner of the deceased.  * Mother of the deceased.	ue and complete d that I am the
N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.  122 Empire Are.	Signature of InformantAddress
CERTIFICATE  I hereby certify that to the best of my knowledge and belief Mrs. Edit	na
*See above. Mullington {Name of } is the* mother o	f the Deceased
above described. The above Declaration was made by the Informant and signed  Dated at Freenfield Park this 29 day of September	in my presence.
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.  Address Hombure and Sergerym	ran. Park
NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concern Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative spec	ing the death of any

proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

Statement of the Service of No. 277669

Rank 7

Sheet No.....

700 M-8-39 (1697) H.Q. 1772-45-18

	REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc	Danle Charm	Effection Date	Unit	Dlago	Authority	
Date	From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date		Place	Part II D.O. No. Cas. List, etc.	Dated
		Having emb Can 11-114 Disemb 0. K24-11-41	na e	11 mans	mppu		207	1500041
المحصا		25to for duty 25-11-41 JuS. C. A. (6)	Pe	12-11-41	1cmsAU	600 Lo X)	197	27-11-41.
		Landing leave n. N.	Ale	12 Dec 41	Milthy	UK	205	10 Decept
		add Fap to 4 BN RCE	He.	19gan 42	mulu.	W.K.	6	20 Jan 42
		Ceases 6 be att'd	læ	Mery	TBURCE	UK	3/1	199 July
SOS.		S.O.S.L. RMR	Mi	19 hears	mepho	UK	38	20 hiar 4
	10.J.	1.05 from- Ihreflu.	Me	20 may 49	RMR.	UK	23	25 hray 42
		Privlesve (P-1) no warrant	Ite	6 may 72	R.M.R.	U.K.	38	20 may 4
		Priv/Leave to 31 July 42 (2)	Pla	24 July 43	RMR	U.K	60	11. aug 421-
		Qual Driver 1/c. wheeled Reget Board	Pie	14 Mar 4>	RMR.	U.K	64	28 aug xs
		Priv leave	16-	13NN 42	RMR	UK	76	160000g
		leave plus 48 hrs sette 26 Februs mH.	Lyer.	17 Feb 43	32 Recce	u.K.	7	16 mar 43.
		Reg. Cay *1.50 Judien	Tpi	Dan 43	32 Becce.	UK	8-A	29 may 43
Sos.		308. lo 100 eru.	Jpi.	8 July 43	32 Recee	ul	28	16 July 43
	108.	188 Juon. 32. Recee Peçt. on. CMITQ ciese 1047.	The.	9 July 43.	I. CACRLI.	UK-	162 -	16 July 43
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			*)					

Rank.

Sheet No.....

W.F.W. 1 & 2 (a) 700 M-8-39 (1637) H.Q. 1772-45-18

	Date	REPORT   From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Part II D.O. No. Cas. List, etc.	1 Dated
	Bos ,	Troin whom received	Sosto 32 Rue Rugt	Tre	26 aug 43	1 caum	us	197	26 ang 43
		108	1.08 Hom. 1 CACRU.	Jpr-	24 aug 43	BReece	UK.	35	3 Sep43
			Qual. De meet MY "C"	TPR	4 Sept 4	32 Rucce	UK	41	29 Sept 4
			Granted T.P. Wheel MV "C"	TPR	4 Sept 4!	32 Recce	UK	43	80ct-4
			WARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASS						
66	505		Sosto/Cacru (on-mv-"c")	The.	18 Mary	4 32 Rece	eck	13	20 Luar?
, G		Tos	Tos from 32 Recce DH-MV-C"	Ele.	9 Lar 44	3 Cacri	UK	~//	22 Lucar.
24			blatt to y lecce La. L.	TPR	22 mar44	<b>\</b>			
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Jan.	106		Disembarked at France 10014 1444	tpr		TReca	2179	47	14 Jun 44
m/	06	505 P	505 Killed in action DVR. mech. MV	tha.	8 Jul 44	7 Receo	RZIAJ	57	20 July
	••••••••								

ORIGINAL DUPLICATE TRIPLICATE

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

M.F.M. 2 A.F.B. 271 450M—5-40 (5237) H.Q. 1772-39-1645

TT 21	R.M.R.	(TIT C)	MACITI
Unit	• Tie Wie Ti	LUOLTO	Tano

Regimental Number....

D-77669

# CANADIAN ACTIVE SERVICE FORCE ON

ATTESTATION PAPE	CR CR
1. Surname MILLINGTON	
2. Christian Names WILLIAM HENRY	•••••••••••••••••••••••••••••••••••••••
3. Present address 118 Empire Street, Gre	enfield Park. Quebec, Canada.
1. Date of birth 25th August 1921	
5. Place of birth Canada Quebed	Montreal
(Country) (Country or Province)  3. Religion (state denomination) Church of England	(Town or Township)
. Trade or CallingLabourer	
3. Married, Widower or Single Single	•••••••••••••••••••••••••••••••••••••••
Name of next of kin Mrs. Edna Millington	
O. Relationship	
. Address of next of kin 118 Empire Street, Green	field Park, Quebec, Canada.
2. Do you belong to, or have you served in the Active Militia of	of Canada?NO
(If Yes, Give Unit and Dates of S	Service)
. Have you served in (a) The Canadian Active Service Force?	(Yes or No) (b) Any other Naval, Military, or Air
(If Yes, Give Regimental No. and Unit) orce?	NO
(Yes or No) (If Yes, specify Unit and Perion Did you serve during the Great War 1914-1918?	d of Service) NO
(If Yes, specify Regimental No., Unit and	Dates of Service)
DECLARATION TO BE MADE BY MA	AN ON ATTESTATION
I, WILLIAM HENRY MILLINGTON articulars are true, and I hereby engage to serve in the Canadia e., war, invasion, riot or insurrection, real or apprehended, ead emergency ceases to exist, and in any event for a period of hould so require my services.	n Active Service Force so long as an emergency, xists, and for the period of demobilization after
ate 23rd October 1940 ( Livel	Lean Mellengla.  (Signature of recruit)
I, WILLIAM HENRY MILLINGTON  eclare) that I will be faithful and bear true allegiance to His	do sincerely promise and swear (or solemnly
CERTIFICATE OF MAGISTRATE, JUSTICE OF THE	
The Recruit above-named was cautioned by me that if he uestions he would be liable to be punished as provided by law. The above questions and answers were then read to the recruit have taken care that he understands each question, and the ntered as replied to, and the said recruit has made and signed	ruit in my presence.
Montreal this 23rd da	y of October 19 40
NO. 4 DISTRICT DEPOT, C. A. S. F.	Signature of Magistrate, Justice or Attesting Officer.  Office or Rank and Unit
B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON ABOVE QUESTIONS IS LIABLE TO A PENALTY OF	or appointment.  I MAKING A FALSE ANSWER TO ANY OF THE SIX MONTHS' IMPRISONMENT

INGERPRINTED-CATE

Record of Servic	MILLINGTON	WILLIAM :	HENRY		Reo	mental Number	D_77669	
necord of Service	(Surname)	(Christian Nan	nes)			Trum Trumper	• • • • • • • • • • • • • • • • • • • •	
	QUALIFICATIONS			EDUCA	TIONAL QUAL	IFICATIONS		
Military	rella	High Sch	nool) NO			Graduation )	NO	
Business or Professional	NO	Collegia	ate \( \frac{1}{2} \)	(years completed)		Matriculation \	(s <sub>1</sub>	pecify)
Trade or Civil	Labourer	*College.	N	0				
Technical	NO.	*Univers	ity	NO				
Languages	English		years Publi					
All enlisted personnel will	be taken on as Private soldiers, appointments and promotions to		to be shown as					
Report	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place		Authority	
Date From whom received					4	Part II D.O. No. Ca	s. List, etc.	Dated
Oct 40 DRO	Joined on appointment 4th District Depot CASF	PTE	23 Oct 40	4th DD	Montreal	4th DD Part	II 267	23rd Oct. 1
9 nov, 40 4DD	Transferred to his Unit Three Rivers, Que.	Pte	19 nov, 40	4DD	Montreal	4DD Pt II	291	19 nov.40
	1.05. m=5.T.C. m24	/1	20-11-40	2n-4.TC	3 Rouers	e & e-	288	20-11-4
	Granted furlogh 19-4-41-to 3-5-41	***	19-4-41	**	**		92	19-4-41
	Was on 21-5-41 awarded 3 days CB for:							
	AWL 0600 hrs 19-5-41 to 1730 hrs 20-5-41 Auto.Forf. 2 days pay FR&I 149	21	21-5-41	83	**	21	119	21-5-41
	Was on 9-7-41 awarded summary Forf 2 day	S						
	Pay AA 46(20 and 2 days CB for; AWL 1300 hrs XK 8-7-41 to 0400 hrs 9-7-4							

For additional entries use M.F.M. 1 and 2 (a)

29-10-41

29-10-41

10 NOV 41

Auto. Forf. 1 days pay FR&I 149

Issued Transport Warrant #0589

Admitted to Coteau Barracks Hospital SICK

Discharged from Coteau Barracks Hospital

CEASES TO BE ATTCHED FOR ALL PURPOSES

ON PROCEEDING TO PORT OF EMBARKATION.....

	CERTIFICATE O	F MEDICAL EXAMINATION	7 · 10 · 1
Name in full Millington Part 1. Information obta	ained from the reci	Date	9.40
1. Age 2. Hav	e you ever suffered f	rom any of the following diseases?	
a. Rheumatism	23.0	k. Ear disease	no
b. Tuberculosis	120	l. Eye disease	70
c. Bronchitis or asthma	no	m. Epilepsy	W1 /2
d. Heart disease	no	n. Nervous or mental disease	
e. Kidney or bladder disease		o. Syphilis	20
f. Gastro-intestinal	210	p. Gonorrhoea	110
g. Rupture	DO	q. Have you ever worn glasses?	no
h. Varicose veins	20.0	r. Are you now or have you in the past received disability pension or com-	
i. Flat or deformed feet	no	received disability pension or com- pensation? If so, give details	20
j. Nasal trouble	no	w illian Willing	>
		Signature of Applicant	1999
gars, roflexes normal.		URINE	
Moles on body. 1 vacc 2. Height 5 feet			
4. Complexion	1eft arm.  8章 inches. Eyes blue	3. Weight	Good
2. Height feet. 4. Complexion	1 oft arm.  8 inches.  Eyes blue  Hair brown	3. Weight 131 pounds 5. Development 800d.	Good Fair
2. Height feet.  4. Complexion 6. Chest measurement—Girth on	left arm.  8½ inches.  Eyes blue  Hair brown  full expansion	3. Weight 131 pounds 5. Development good.	Good Fair
2. Height feet.  4. Complexion  6. Chest measurement—Girth on Range of	1 oft arm.  State inches.  Eyes blue  Hair brown  full expansion	3. Weight 151 pounds 5. Development 800d*  inches.  inches.	Good Fair Poor
2. Height 5 feet.  4. Complexion 6. Chest measurement—Girth on Range of 7. Vision, right 20 - 20 left	left arm.  8 inches.  Eyes blue  Hair brown  full expansion.  20-20	3. Weight 131 pounds 5. Development good.	Good Fair Poor
2. Height feet 4. Complexion  6. Chest measurement—Girth on Range of 7. Vision, right 20 20 lef 9. Condition of mouth and teeth.	left arm.  8 inches.  Eyes blue  Hair brown  full expansion 3  expansion  t 20-20	3. Weight 131 pounds 5. Development good.  inches.  inches.  8. Hearing, right cv20 left	Good Fair Poor
2. Height feet 4. Complexion  6. Chest measurement—Girth on Range of 7. Vision, right 20 20 lef 9. Condition of mouth and teeth.	left arm.  8 inches.  Eyes blue  Hair brown  full expansion 3  expansion  t 20-20	3. Weight 151 pounds 5. Development 800d*  inches.  inches.	Good Fair Poor
2. Height feet  4. Complexion  6. Chest measurement—Girth on Range of Vision, right 20 20 left  9. Condition of mouth and teeth.	left arm.  8 inches.  Eyes blue  Hair brown  full expansion 3  expansion  t 20-20	3. Weight 131 pounds 5. Development good.  inches.  inches.  8. Hearing, right cv20 left	Good Fair Poor
2. Height feet 4. Complexion  6. Chest measurement—Girth on Range of 7. Vision, right 20 20 lef 9. Condition of mouth and teeth.	left arm.  8 inches.  Eyes blue  Hair brown  full expansion 3  expansion  t 20-20	3. Weight 131 pounds 5. Development good.  inches.  inches.  8. Hearing, right cv20 left	Good Fair Poor
2. Height feet	inches.  Eyes. blue  Hair. brown  full expansion.  expansion.  t. 20-20  and pathological) for	3. Weight 131 pounds 5. Development good.  inches.  inches.  8. Hearing, right cv20 left	Good Fair Poor
2. Height 5 feet	inches.  Eyes blue  Hair brown  full expansion  t 20-20  and pathological) for	3. Weight pounds 5. Development good .  4 inches.  5 inches.  8. Hearing, right cv20 left and on examination are as follows.	Fair Poor
2. Height 5 feet	inches.  Eyes.  Hair.  full expansion.  t. 20-20  and pathological) for examined the Recru	3. Weight pounds 5. Development sood.  inches.  inches.  8. Hearing, right cv20 left sold.  the diseases mentioned in Question 2, Part 1,	Good Fair Poor
2. Height 5 feet	inches.  Eyes blue  Hair brown  full expansion  t 20-20  and pathological) for examined the Recruit examination of recruit	3. Weight 131 pounds 5. Development 2000.  4 inches. 5 inches. 8. Hearing, right 2020 left 2020	Good Fair Poor
2. Height feet  4. Complexion  6. Chest measurement—Girth on Range of  7. Vision, right 20 - 20 lef  9. Condition of mouth and teeth  10. The abnormalities (congenital file)  Part 3. We, the examiners reported in the remarks. We have and Instructions for the medical examples and remarks when category low	inches.  Eyes blue  Hair brown full expansion t 20-20  and pathological) for examined the Recruix amination of recruit yer than A	3. Weight pounds 5. Development good.  4 inches.  5 inches.  8. Hearing, right cv20 left and on examination are as follows.  the diseases mentioned in Question 2, Part 1, nit in accordance with the pamphlet "Physical is" and he is found fit for Category.	Good Fair Poor
2. Height feet	inches.  Eyes blue  Hair brown full expansion t 20-20  and pathological) for examined the Recruix amination of recruit yer than A	3. Weight 131 pounds 5. Development 2000.  4 inches. 5 inches. 8. Hearing, right 2020 left 2020	Good Fair Poor

	DATI		DATE	es of	B. 10 2		DISEASE		Remarks on nature of the diseases how induced, if wild an acrease if an all the	
STATION	Date of Arrival at the	into Hospital		on ital	Discharge from Hospital				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.  Signature Medical Officer
	Station	Day	Month	Year	Day	Month   Y	ear		Hospital	of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.  Officer
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## SERVICE AND CASUALTY FORM

Part I (For all ranks)

M.F.W. 4 (Part I) A.F.B. 103 (Part I) 500M—8-39 (1700) H.Q. 1772-45-18

Unit R. M. R. (M.G.) (CASF)	Regimental Nun	ber D-77669
1. Surname MILLINGTON 2. Christian Names WILLIAM HENRY	(17) Regiment or Corps	Unit (Battn., etc) 32nd Cdn. Recce Regi. (P.M.P.)
*Asting Tomorous on Local Donle		
mirrin m data	••••	
*To be entered in pencil to facilitate alteration.	•••••••••••••••••••••••••••••••••••••••	
4. Place of birth Montreal, Quebec, Canada 5. Date of birth as declared on attestation 25 August 1921	(18) Medical	
(A)	Category Da	ate Authority
6. Date of enlistment23. Qc.tober. 1940	77	Mec /34/ Mouts/263
7. Place of enlistmentMontreal, QuebecCanada		Meecal ,
8. Residence at time of enlistment118Empire.S.treet.,Gr.	eenfield Park, Quebec	canada 4/24 mytt
9. (B) Special conditions (if any) of enlistment or rate of pay		
10. (C) Any subsequent variations of conditions of service		
11. Religion Church of England		
12. If married, state date	(19) Next of kin (entries to	be made in pencil)?
13. Trade on enlistment Labour er		millen aliso
14. Corps, trade and grade	I was a second of the second o	
14. Corps, trade and grade.  15. (D) Qualifications.  16. (W) A Mucklim) c	18 Transpers	much
16. (E) Miscellaneous entries	4	enteld their
•		
• • • • • • • • • • • • • • • • • • • •	(20) E.	efter Canada
	(21) E	
	(22) E	

Notes-

- (A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
- (B) Whether for home service only, enlisted at special rates of pay, etc.
- (C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
- (D) Signaller, Farrier, etc.
- (E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

_				the state of the s				•
(a	.)	(b)	(c)	(d)	(e)	(f)	(g)	
Rep	ort		Record of all casualties regarding promotions (acting, temporary, local				4.	
11 -21 -4		2	or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital Cospelty Clearing Stations for Data of discrebankation and	Place of	Date of	Army rank	Army Form or other	
Date	From whom	Unit	Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance	Casualty	Casualty	as at (e)	authority for entry to be shown	*
Date	received		with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I					4
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23 man 44	EAR/597)	7/lene	T.05 (Keinf one) from ICACRU ( Whech my "c")		23mar 4x		23/man 44	
10apr44	20/6457	Pag 1 1	50 5 to X-4 LIST (CAC-16ene /legs) (Dmmv"C	")	100pr44		25/man 44	
X-477	1 (0Bm)	cae (B)	100 mon 7 Reca (Hon MY "C")		11.ap 44	~	15/1may 44.	
10 /2w	X 4 Just	Cac(B)	505 to 7 Colo Recce Kegt (Dor Mech MV'C'	/	27apr 44	·····	16 - 18 may 4	4
230144	04266	Mene	Tos from x-4 hrsTeAc (B) (Br. mech mv "e")		380jr44		28/may 44	
	5169		Embarked U.K. 2. Jun. Disembarked Fra	100 /3/4	n.44		47/ JULKX	
	OR		505 Killed in Action	4	8 Jul 44		51/ Jul xx	
				11-11-20	0			

4 14-15

# PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (ON ACTIVE SERVICE)

#### INSTRUCTIONS.

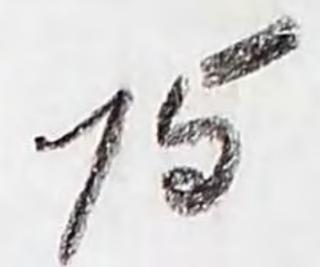
- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S F or R.C.A.F. (ON ACTIVE SERVICE).
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

(1)	Name of Officer of Other Rank
	WILLIAM HENRY
(2)	Regimental or Air Force Number and Rank. D-77669 PTE
(3)	Unit R.M.R. (M.G.) C.A.S.F.
(4)	Are you married?
(5)	If married, state,
	(a) Full name of your wife
	N/A
	(b) Present postal address of wife
(6)	If married, have you been regularly supporting your wife? If not—state reasons
	N/A
(7)	Are you a widower?
(8)	Have you any children?NONumber of boysN/AGirlsN/A
	Names and ages
	N/A
(9)	If Dependents' Allowance is claimed in respect of children—state whether you have been regu-
	larly supporting them
	N/A
	Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.
	Name
	Postal Address
	N/A[SEE OTHER SIDE]

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(10)	Have you a common-law wife—whom yo	u have been regularly su	pporting and publicly repre-
	senting as your wife for at least 2 years imr	nediately prior to appoint	ment or enlistment?NQ
	If so, state her full name and Postal Addre	ess	N/A
	•••••••		N/A
	••••••		N/A
(11)	Is your father alive?	YES	
	If so, state name and address, occupation.		llington. Labourer
	ll8.Empire.Street.Greenfiel		
(12)	If your father is a widower and is totally		
	or partial support?		
(13)	If sole or partial support of father who is		
	—state what amount per month you have	given him prior to appoin	ntment or enlistment
	•••••••••••••••••••••••••••••••••••••••		N/A
	Also state reason he has no other means of	of support if partially sup	ported by you, what is your
	reason for not providing full support?		N/A
(14)	Is your mother alive?	YES	
Also state reason he has no other means of support if partially supported by you, what is your meason for not providing full support?  (14) Is your mother alive?  If so, state name and address. Mrs. Edna Millington  118 Empire Street Greenfield Park Quebec canada  (15) If your mother is a widow, are you her sole or partial support?  (16) If sole or partial support of widowed mother—state what amount per month you have given her sole or partial support.			
	118 Empire Street Greenfield	Park Quebec canada	L
(15)	If your mother is a widow, are you her sol	e or partial support?	NO.
(16)	If sole or partial support of widowed moth	her—state what amount p	er month you have given her
	prior to appointment or enlistment	· · · · · · · · · · · · · · · · · · ·	N/A
	Also state reason why she has no other me	eans of support, if partial	ly supported by you what is
	your reason for not providing full support		N/A
(17)	Are you contributing to the support of any This may include any brothers 16 years of solely supported and maintained as bona ment or enlistment.  If so, state the following particulars:—	age or under, or any sist	ers 17 years of age or under,
2.00	Relationship		N/A
	Full Name		NAA
	Postal Address		N/A
	Amount contributed monthly during the p	ast six months	N/A
			N/A
(18)	Are you insured?		
	If so, in what Company?		
	11 SO, III What Company	(Give number of police	ey)
	Have you made arrangements for payment If not, and it is a monthly premium, you ment you wish to make, provided the total amount which may be assigned.	t of your Insurance Preminay assign the amount in a assignment is not in exce	um?N./.Aaddition to any other assign- ess of the maximum monthly
	I hereby certify that the information give	en by me on this form is	s correct in each and every
	particular.		mill:
	2324 0000 000	(Signature of	of officer or man)
	Date 23rd OCTOBER 1940	1	
		Clo Gran	afraga Magas
	Date 23rd OCTOBER 1940	Officer Commanding	
N.B.	If parent(s) of the officer or other rank co questions relating to fathers and/or mother	ncerned has (have) been is above should be altered	replaced by foster parent(s), and answered as applicable.

	(1) I, NIWILLIAM MILLINGTON , of the VILLAGE (Name in Full) (City, Town, Village, Township)
Address in civil life.	ofGREENFIELD PARK, in the County District of CHAMBLY,
	Province of QUEBEC CANADA LABOURER (Civil Occupation)
	Regimental NoD-77669, UnitR.M.R.(M.G.)CASF, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.
Relationship, names and address of	(2) I GIVE, DEVISE AND BEQUEATH unto "to my mother Mrs. Edna Millington
beneficiaries, and what each is to receive.	Residing at 118 Empire Street Greenfield Park Quebec Canada.
W.M	All my real and personal property and my personal effects"
Relationship, names and address of residuary	(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto
beneficiaries.	
	(4) I appoint (Name) (Address)
	(Name) (Address)  , to be the Executor of this my Last Will.
	(Name) (Address)
	(Name) (Address)  ——————————————————————————————————
	(Name)  (Name)  (Address)  (Address)  (Address)  (Civil Occupation)  (Civil Occupation)  (Civil Occupation)  (Name)  (Civil Occupation)  (Name)  (Address)  Executor of this my Last Will.  (Civil Occupation)  (Address)  (Address)  (Address)  (Signed and acknowledged by the Testator, in the presence of the same time who in his presence, at the same time who in his presence of the same time who in the presence of the same time time the same time time the same time time the same time time time time time time time ti
First witness sign here.	(Name)  (Name)  (Address)  (Address)  (Address)  (Civil Occupation)  (Civil Occupation)  (Civil Occupation)  (Name)  (Civil Occupation)  (Name)  (Address)  Executor of this my Last Will.  (Civil Occupation)  (Address)  (Address)  (Address)  (Signed and acknowledged by the Testator, in the presence of the same time who in his presence, at the same time who in his presence of the same time who in the presence of the same time time the same time time the same time time the same time time time time time time time ti
	(Name)  (Name)  (Address)  (Address)  (Civil Occupation)  IN WITNESS WHEREOF I have hereunto set my hand this 1.3 day of Occion  19.4.0  Signed and acknowledged by the Testator, in the presence of us 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.  (5) Signature  Civil Address  (Signature of soldier)  (Signature of soldier)
	(Name)  (Name)  (Address)  (Address)  (Civil Occupation)  IN WITNESS WHEREOF I have hereunto set my hand this 1.3 day of Occil.  19.4.0  Signed and acknowledged by the Testator, in the presence of us 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.  (5) Signature  Civil Address  (Signature of soldier)  (Signature of soldier)
	(Name)  (Name)  (Name)  (Address)  (Signature of this my Last Will.  (Executor of this my Last Will.  (Signature of t
	(Signature of soldier)  (Name)  (Name)  (Name)  (Address)  (Addres



# ESTATES BRANCH INVENTORY

of personal effects received by Casualty Section, No. 1 CKSD

$\mathbf{R}$	ECEIVED FROM	Millington (Deceased)  elon 21 Army Group  ofsky A.  y. N.S. DATE 25 July 44
1111111111	Camera Baby Brownie Red Identification Disc Pocket Watch "Ingersoll" Pipe Fountain Pen "Watermans" Black Leather Wallet Signet Ring Plain Band Ring Locket	
2111	Badges Watch Chain Snapshots ook of Religious Gospels Khaki Handkerchief	

ORIGINAL \ To Officer i/c Estates with DUPLICATE \) original inventory, if any.

TRIPLICATE — with effects.

M & Bailey Cul for CC 1 Cdn KSD

#### OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

10-77669 RANK TOODOT NUMBER SERVICE UNIT 7th Reconnaissence MILLINGTON, William Honry Regiment (C.A.) 25th DATE OF BIRTH Date enlisted:23-10-40 AUGUST 1921 MONTH YEAR DAY MARITAL STATUS Bingle Religion: Church of England Mother NEXT OF KIN AS SHOWN ON ADDRESS MINNE LIGHT MALLINGTON D.A.B. NAME M.F.M. 1, 2 & 5 RELATIONSHIP **ADDRESS** ADDITIONAL PERSON **ADDRESS** TO BE NOTIFIED PARENTS NAME **ADDRESS** IF SOLDIER (MARRIED OVERSEAS) 11.0. 405-11-36395 7875 AUTHORITY CAS. SIG. NO. DATE CASUALTY DETAILS Elliod in gotion

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

DATE 18 7 44

# CANADIAN MILITARY HEADQUARTERS

No. 6691

# RECORDS OFFICE

# CASUALTY REPORT

NAME (in full) MILLINGTO	N. William Henry
RANK TPR No. D/77669	UNIT 7 CDN. RECCE. REGT. C.A.C.
HOSPITAL (U.K. only) In wh	ich death took place, if applicable
R.U. (U.K. only) to which p	osted on admission to Hospital
· CASUALTY KILLED DAT	E 8 JUL 44 LIST # A-469 PLACE AEF
If P.O.W. or INTERNED, nu	mber and address
PREVIOUSLY REPORTED	DATE (L.S. APPLEFORD) Major Officer i/c R.5 Wing Cas. SECE.
	MEXION OF KIN
I. CANADA or U.S.A. YES	/No (If No. complete No.2)
2. NAME, in full	
RELATIONSHIP	ADDRESS
3. ANY PELATIVES IN U.K. f. children born overseas.	rom M. F. M. 5 or any other source, including If NONE so state
	「一個の一個の一個の一個の一個の一個の一個の一個の一個の一個の一個の一個の一個の一
Date of MARRIAGE, if know	
	EFFECTS, ETC.
1. NO WILL HERE (or) WILL	(Relationship)
(Name) (adress	
2. BANK ACCOUNT - NAME OF	BANK etc.
Address among	TOTAL TOTAL COMMENTS AND ADDRESS OF THE PROPERTY OF THE PROPER
3. KIT PRIVATELY STORED -	NAME Of custodian
Address	TING A TO TACE
4. Particulars of DEBTS, R	EMARKS etc
	MINDS OF THE PARTY
AUG 26 1944	11611
Date	Billella.
Original - with Will, if O. i/c Estates	, C.M.H.Q. for Officer i/c Records
DITOT TO AME TO PETO	CANADIAN MILITARY HEADQUARTERS

DUPLICATE - To file.

		2 5	-
		10/1	
FO	7.	161	·

## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do	not	
wri	te in	1
this	spa	c

1. PLACE   Municipal county IN THE FIELD (FRANCE) Official name to the country of	ali-	Place an X over the word which applies to this municipality or this to City   Town   Village   Parish   Tow.
DEATH Street No.		Hospital or Institution
2. LENGTH (a) In hospital or institution. (b) In municipality where death occurred (c) In municipality where	Months	Days   Years   Months   Days   (d) In Canada (if immigrant)   Years   Months   Days
3. NAME Surname MILLINGTON	Do not	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH
OF (Block letters)	write in this space	22. Date of death July 8th (Month) (Day) (Year)
Empire St. 118		23. I HEREBY CERTIFY that I attended deceased from
Street		
4. a civil municipality or township. Greenfield Park,		
Municipal county Province Quebec .		and last saw h
5. SEX   6. NATIONALITY   7. RACIAL ORIGIN   8. Single, Married,		24. CAUSE OF DEATH
(Citizenship)  Widowed or Divorced (Write the word) Single		Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, due to
9. If married give		asphyxia, asthenia, etc.
name of wife or hus- band of deceased		Morbid conditions, if any, giving (b)rise to immediate cause (stated in
		order proceeding backwards from due to immediate cause).
10. BIRTHPLACE Quebec (Province or Country)		II (c)
11. DATE OF August 25th 1921		Other morbid conditions (if important) contributing to death but not
(Month) (Day) (Year)  12. AGE OF   Years   Months   Days   If less than one day old		causally related to immediate cause.
DECEASED		
22hrs. ormin.		If a communicable disease is (a) Date of appearance
2 13. Trade, profession or kind of work, as spinner, Labourer teamster, office clerk, etc.		25. If a woman, was there a puerperal condition?
14. Kind of industry or business, as cotton-mill,		26. Was there a surgical operation? Date of 19.
lumbering, bank, etc		Zo. Was there a surgical operation
worked at this occupation occupation   18. BIRTHPLACE		State findings
17. NAME (Province or Country)		27. If death was due to external causes (Violence) in in also the following:—
FATHER		Accident, suicide or homicide
		Manner of injury
MOTHER (Maiden Name)		(How sustained)
		Nature of injury
19. Place of burial, cremation or removal		Specify whether injury occurred in industry, in home, or in public place
20. Date of burial		Signed M.D.
(a) Name of parish or church.		Address Date 19
(b) Civil municipality of	28. Sign (cu	nature of person who fills in the form cate; coroner, hospital authority, etc.)  29. Name of clergyman in charge of Register of Civil Status in which registration of Chis burial was made.
O Municipal county		Facer.
	This sign	ature authorizes the collector to accept
(Month) (Day) (Year)	Time sign	this form as authentic.  (Voir l'autre côté pour le français)

405-M- 36395

#### RECORDS OFFICE OVERSEAS.

#### CANADIAN MILITARY HEADQUARTERS.

#### GRAVES REGISTRATION CARD.

NAME MILLINGTON, William Henry	PLACE & DATE OF BIRTH 25 August. 1921
RANK Tpr.	REGIMENTAL NO D-77669
UNIT 7 Recce Regt.	NEXT OF KIN & ADDRESS MOTHER.
	Mrs. Edna MILLINGTON
	118 Empire St., Greenfield Pk. Quebec.
PARTICULARS (	OF HOSPITALISATION CANADA.
DATE OF ADMISSION	NAME & LOCATION OF
DIAGNOSIS	HOSPITAL
PARTICULARS	OF DEATH
DATE OF DEATH 8 Jul 44.	PLACE OF DEATH FRANCE
HRS	
CAUSE OF DEATH KILLED.	
PART ICULARS	
DATE OF BURIAL 9 Jul 44.	CEMETERY Bray, 7F/1. MR. 938738
PLOT NO ROW GRAVE	Open grave.
DEATH CERTIFICATE NO.	
RELIGION Church of England.	
	DATE 22 Sep 45.
	211.1
	(M. BLUTEAU) Capt.,
	For COLONEL Officer i/c Records, CANADIAN MILITARY HEADQUARTERS.
Extracted from Burial Records,	CANADIAN MILITARY HEADQUARTERS.
RECORDS OFFICE OVERSEAS, ACTON, LONDON W.3.	

## Estates Form "P. 4"

#### DISTRIBUTION OF SERVICE ESTATES

ARMY

Name: MILLINGTON, Surname			Christian I	liam H. Names	No.:	No.:D_77669		
Rank			Un	C.A	. 0/8			8-7-44 ate of Death
					AM	OUNT		
		Date:	19-	9-45	••••••		Other Credits	
							Total	741.00
							Prev.dist. This dist.	49.69 691.31
SHARE	RELA	rionshii			NAME ANI	O ADDRE	ESS	AMOUNT
A11		Mothe		Mrs 111 Gre Cha	Churchill enfield Parimbly Co., P	ingtor Blvd.,		691.31
				(80	le benefici	ary pe	er will)	
					P4. To	TREAS		
					OCT 1	1945		
								WSG
AUTHO	RITY					DISTR	IBUTION APPROVED	AND AUTHORIZED
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT			
9999	731	00	00	001	\$691.31		T-ANY	

75M-2-45 (6771) H.Q. 1772-80-2

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

For Chief Treasury Officer

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

# CANADIAN ACTIVE SERVICE FORCE District.

# OVERSEAS

Dispersal Area.....

# LAST PAY CERTIFICATE

(All Ranks)

		alle offer offer of the first		W.H. Pto.		
of (Unit)	••••••					
				on Sth July		
Reason	Death.			Authority: C. C. I. "A"469. d/14th	July	44.
The following the inclusive date	g is a statement of the account of transfer or discharge.	f the above	and the same	from lst July to 31st July	19. 44 Cr	•
	Particulars	Amou	nt	Particulars	Amour	ıt
Balance Dr from	last account			Balance Cr from last account	20	44
First Monthly Pa			Regimental Pay. 31 days @ \$1.50	46	50	
Casual Payments	J			Technical Pay\$\$\$\$\$	7	75
	ansfer or Discharge		~~	Additional Pay (Give particulars)		
Assigned Pay	24.00 & \$1.00	25	00	Allowances (Give particulars)days		
Regimental Char	ges			at\$		
Public Stoppages	(Give particulars):					
					•••••	
••••••••	•••••••					
			1.24			
	(Free	49	69			
To Balance Cr	Deferred			By Balance Dr		
	Total			Total	***	42.0
		74	69			-
Remarks:	Assigned Pay \$1.00	O (W.S.	ORSED	BJECT TO ANY CHARGES ON THE REVERSE HEREOF  stopped eff. August, 44,		
	Acat mad Por 204.	00 (M)	TO	poed eff. August, 44	A STATE OF THE PARTY OF THE PAR	
			5.			
		•••••••••••••••••••••••••••••••••••••••	5			
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						••••••
				Takes		

#### DEPARTMENT OF NATIONAL DEFENCE NAVY ==== ARMY ==== AIR FORCE

w36218

ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME

William Henry (CHRISTIAN NAMES)

MILLINGTON (SURNAME)

REGISTER NO.

FILE NO. 405-M-36395 DATE 8-8-45

580.00

PAYEE Director of Estates

ADDRESS

SERVICE NO. D-77669

FINAL RANK OR RATING TPT.

DATE OF TERMINATION OF OVERSEAS SERVICE	8-7-44	DATE OF DISCHARGE	8-7-44	
A. TOTAL QUALIFYING SERVICE			\$	¢
NO. OF DAYS_	1350 EQUAL TO 45	COMPLETE PERIODS AT \$7.50	337.50	
B. QUALIFYING OVERSEAS SERVICE  No. of days 970 Less INELIGIBLE DAYS, EC SEE PAR. 2 OVERLEAF FOR		YS @ 25c. PER DAY	242.50	

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DIS	CHARGE
--------------------	--------

PAY		\$ 1.50		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE		\$ 1.25		
ADDITIONAL PAY		\$ .25		
		\$		
		\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$		\$		
	TOTAL	\$ 3.00	×7 = \$	21.00

TOTAL \$	3.00	×7 = \$	21.00	
NO. OF DAYS_	970	_ ×\$	21.00	111.31
	183			

D. WAR SERVICE GRATUITY

E. DEDUCTIONS OVERPAYMENT OF

PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$

OTHER DEDUCTIONS

691.31

691.31

G. YOUR PORTION OF GRATUITY IS-

F. TOTAL AMOUNT PAYABLE

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$\_\_\_\_\_OF \$

= \$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY CHECKED BY

TREASURY CHECKED BY DATE

SERVICE REPRESENTATIVE

# MCL

# CANADIAN PACIFIC TELEGRAPHS

D. 11	LETTER	Γ
DAY	LETTER	

NIGHT LETTER



CASUALTY (REPORT DELIVERY)

OTTAWA 14TH JWLY 1944

TO:- MRS EDNA MILLINGTON 118 Empire St Greenfield Park P Q

12887 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM
YOU THAT D77669 TROOPER WILLIAM HENRY MILLINGTON HAS BEEN
OFFICIALLY REPORTED KILLED IN ACTION EIGHTH JULY 1944 STOP
WHEN FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED
AS SOON AS RECEIVED

DIRECTOR OF RECORDS

PREPAID

M.F.M. 268 50M-11-42 (7150) H.Q. 1772-39-1990 OFFICER I/C RECORDS

25th July, 1944. Mrs. Edna Millington, 118 Empire St., Greenfield Park, P.Q. Dear Mrs. Millington: It is with deep regret that I learned of the death of your son, D77669 Trooper William Henry Millington, who gave his life in the Service of his Country in France on the 8th day of July, 1944. From official information we have received, your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay. The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement. We pay tribute to the sacrifice he so bravely made. H. F. G. LETSON

Yours Serece rely,

General JUL 20 1944 (H.F.G. Letson), Major-General, Adjutant-General. GR/MCL