

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... *Samuel Mills.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Cookstown Ireland.*
- 3. What is the name of your next-of-kin?..... *Sister. Lizzie Mills.*
- 4. What is the address of your next-of-kin?..... *95 5th Ave. ~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~ SA.*
- 5. What is the date of your birth?..... *Nov 22 1890 (Lachine. Montreal.)*
- 6. What is your Trade or Calling?..... *Laborer.*
- 7. Are you married?..... *No?*
- 8. Are you willing to be vaccinated or re-vaccinated?..... *Yes.*
- 9. Do you now belong to the Active Militia?..... *No?*
- 10. Have you ever served in any Military Force?.. *No.*  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes.*
- 12. Are you willing to be attested to serve in the) *Yes*  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?}

*x Samuel Mills* (Signature of Man).  
*E. Clarke* (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Samuel Mills.*, 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.

*x Samuel Mills* (Signature of Recruit)  
*E. Clarke* (Signature of Witness)  
 Date..... *Jan 8th*..... 191 *5*

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Samuel Mills.*, 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.

*x Samuel Mills* (Signature of Recruit)  
*E. Clarke* (Signature of Witness)  
 Date..... *Jan 8th*..... 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..... *Winnipeg*..... this..... *8th*..... day of..... *Jan*..... 191 *5*

*Wm. J. Lee* (Signature of Justice)

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

*Wm. J. Lee* Lieut. Colonel.. (Approving Officer)  
**COMD'G. 43rd. BATT., C. E. F.**



Description of Samuel Miller on Enlistment.

Apparent Age 24 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. 4 1/2 ins.

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

Complexion Dark

Eyes Blue

Hair Black

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

Tattoo mark on left forearm

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 Jan 8th 1915.

Place Winnipeg

*W. Gardner Capt*  
 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.

Samuel 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.

*W. Gardner* Lieut. Colonel (Signature of Officer)

COMD'G. 43rd. BATT., C. E. F.

Date Jan 8th 1915



CEF REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.

MILLS SMAUEL

A 20424

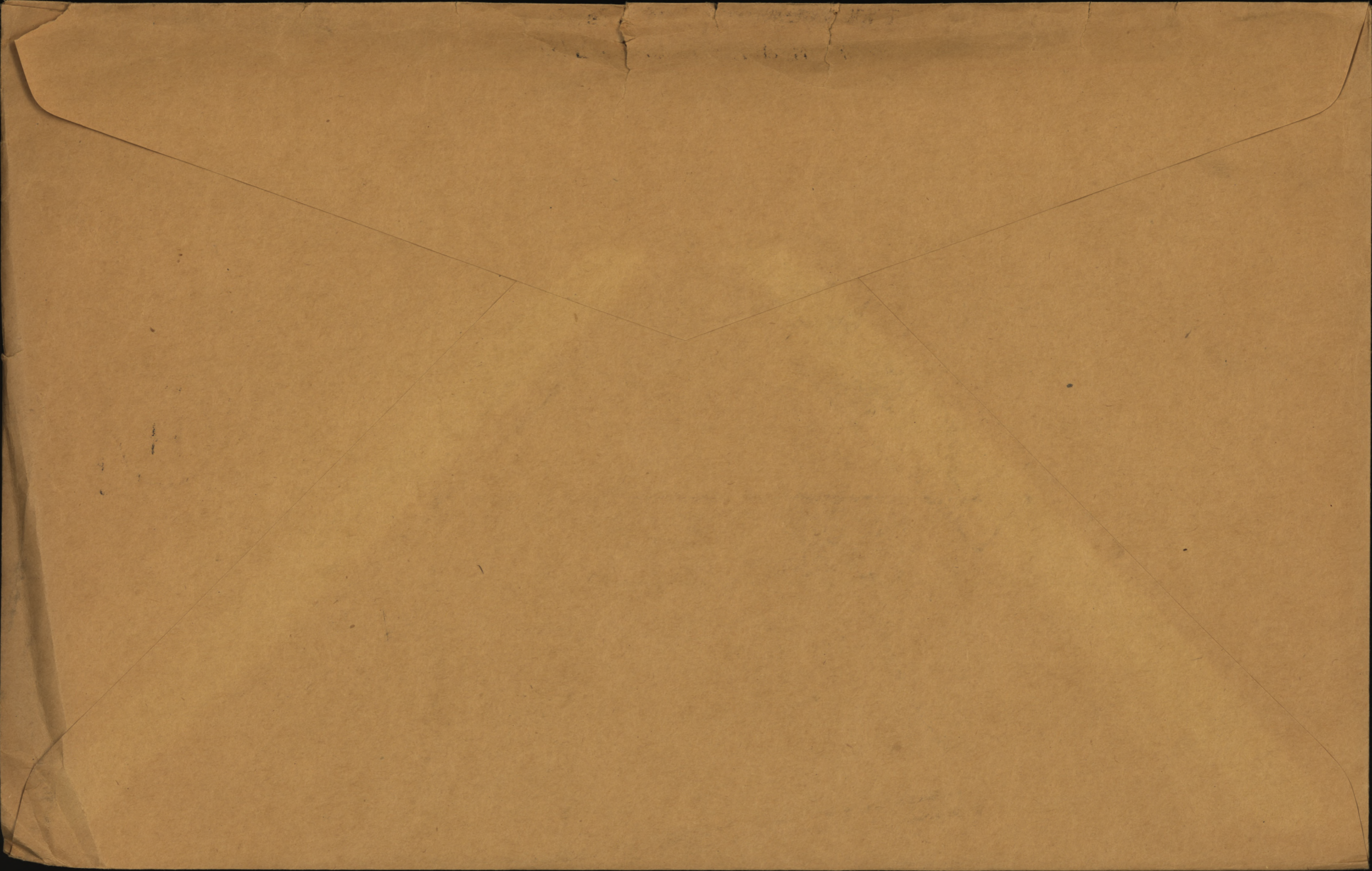
43 BN

23413

DIED OF WOUNDS 17-8-15









NAME

Mills, Samuel

H. Q. FILE No. 649-

REG'T'L. No. A. 20424 ✓

RANK AND CORPS

Pte. 16<sup>th</sup> (Form: 43<sup>rd</sup> Batt:)

CABLE

NO.

DATE

NATURE OF CASUALTY

M. 753

24-8-15

Died of Wounds. August 17<sup>th</sup> 1915

NO. 1292

X FOLL.



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
134(2)	No. 2. Gas. Lab. Stn.	17-8-15.	Died of wounds.



SURNAME.

*Mills.*

CARD NO.

*D*

CHRISTIAN NAMES

*Arnold.*

FOLL.

REGL. No.

*420424*

RANK

*Pte.*

UNIT

~~*43rd*~~ *16th*

*Bn.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Tomlinson Mrs. W.C.*

RELATIONSHIP TO SOLDIER

*(Sister)*

ADDRESS

*303-6<sup>th</sup> Ave. Lachine. P. Q.*

COUNTRY OF BIRTH

*Ireland. Cookstown.*

DATE

PLACE OF ATTESTATION

*Winnipeg*

DATE

*Jan. 8/15.*

*Sailed from Montreal*

*Per S.S. Grampian 1/6/15.*



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

*Yes.*

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE



*com*

Number. 420424 . . . . . Rank. : Pte. . . . .

Surname. M. L. S. . . . .

Christian Name. Samuel . . . . .

Units 16th Bn Can. Inf. Theatre of War. France.

Date of Service. 17-7-15 . . . . . *D.* . . . . .

Remarks. . . . . *Sister.*

Latest Address *Mrs. W. E. Tomlinson*

*32 Mackay Ave.*

Cell No. *B. Page 5621*

*B*  
*V*



Y. 42951 - fish

SEP 28 1924



*A.A.Q.*

Mills, S., Pte. <sup>*amuel*</sup> #20424 16th Bn. 649-M-1584

*Eligible for 14-15 Star, Pte 16th Bn*

Medals & Decorations. ( Sister ) Mrs. W. E. Tomlinson,  
32 MacKay Ave.,  
Toronto, Ont.

Plaque & Scroll. ( Sister ) Address see above.

*See # 795906*  
Memorial  
Cross.

( Nil )

APR 1 1921

Scroll Desp. \_\_\_\_\_ Reqn. No. 2-32777

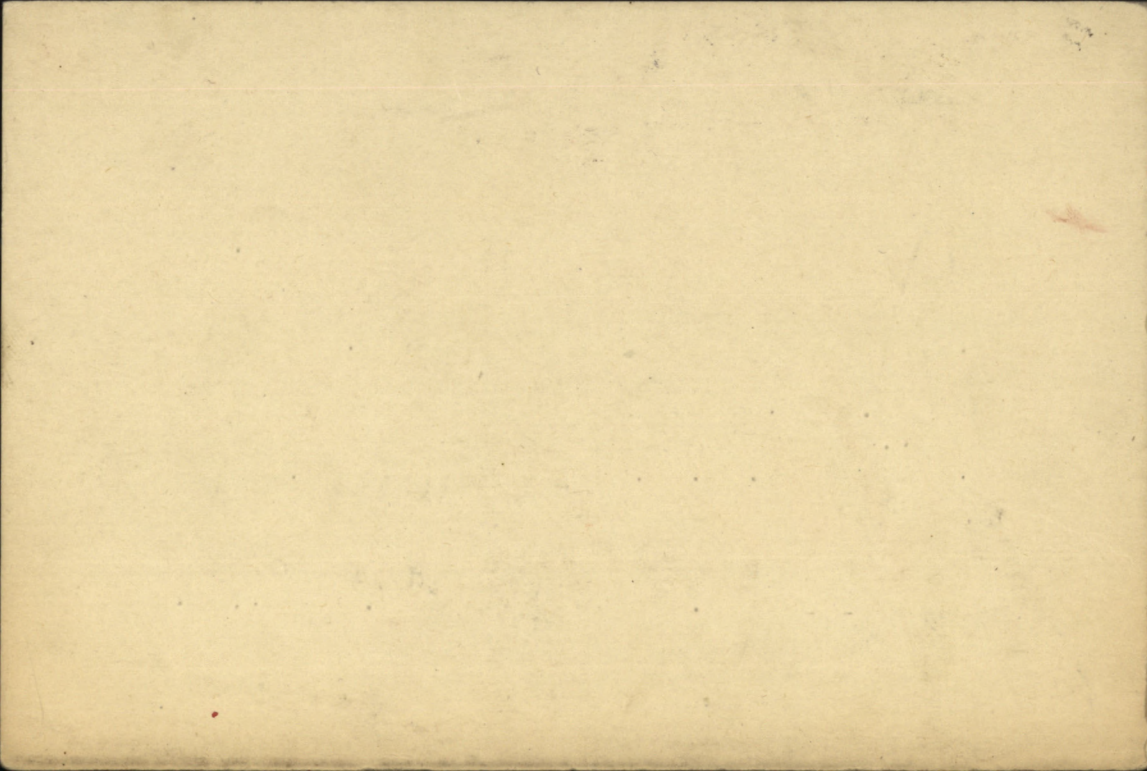
*pg 2717*

Plaque Desp. \_\_\_\_\_ Reqn. No. 24930

DEC 29 1921

*JAS-U*







Name MILLS. S.

Rank Pte.

Reg. No. A20424.

Unit 16th Battn.

Next of Kin Canada.

25-M-535

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1915.						
17-8.	No.2. Casualty Clearing Stn.		Died of Wounds.	134"		







Surname

Christian Name or Names

Reg. No.

Mills, S.

220424

Rank

Unit

Co.

Troop

Batty.

Pvt.

16th Batts

Hospital

Date of Admission

#2 Cas. Cl. Sta.

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) Wounded.

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses, if more than one state present

DISPOSITION

Date

REMARKS

C.L. 23 8 15

134.

Died of wounds.  
17. 8. 18.

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.

APR 28 1888



Rank *Plt* Name *MILLS Samuel* Reg'l No. *A 20424* P-56  
 Unit *16<sup>th</sup> Bn* If in perm. Corps, What Unit? Married or Single *Single.*  
 Place and Date of Enlistment *Winnipeg, Man. 8th Jan. 1915* Place of Birth *Cookstown, Ireland*  
 Name and Address, Next-of-Kin *Lizzie Mills, 95, 5th Ave, Lachine, Montreal, P.C.*  
 Relationship *Sister.*

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place *17/8/15* Reason *Died of wounds* Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
<i>July 1</i>	<i>July 31</i>	<i>31</i>	<i>1<sup>-</sup></i>	<i>31</i>	<i>31</i>	<i>.10</i>	<i>3.10</i>	<i>113</i>	<i>35.23</i>			<i>15</i>			<i>15</i>	<i>20.23</i>	<i>1<sup>13</sup> Cr from June</i>
									<i>40</i>							<i>20.63</i>	
<i>Aug 1</i>	<i>Aug 17</i>	<i>17</i>	<i>1<sup>00</sup></i>	<i>1.70</i>	<i>17</i>	<i>.10</i>	<i>1.70</i>		<i>18.40</i>			<i>2.74</i>			<i>2.74</i>	<i>36.59</i>	<i>Died of Wounds</i>
									<i>39.83</i>					<i>36.59</i>	<i>36.59</i>		<i>17<sup>th</sup> August 1915</i>

*Bal Trans to Can. for Payt.*

Advances Branch  
 Report *nil*

*PA*  
 PAY OFFICE, A. E. BRANCH  
 OCT 11 1915  
 CANADIAN CONTINGENTS  
*A 3*

Statement of  
 OCT 19 1915  
 Account rendered







# ORIGINAL MEDICAL HISTORY OF

Surname Mills

Christian Name Samuel No case

Examined { on 8 day of Janry 1915  
at Wheg

Approved by R. J. Swan  
R. J. Swan

Birthplace { City or Town Bookstown  
County Ireland

(Rank) Capt.  
Medical Officer.

Apparent age 24 1/2

Trade or occupation Labourer

Height 5 Feet 4 1/2 Inches.

Examined for re-engagement  
day of \_\_\_\_\_ 190...

Weight \_\_\_\_\_ Lbs.

Chest measurement { Minimum 32 inches.  
Maximum expansion 2 inches.

\* Considered \_\_\_\_\_

Physical Development \_\_\_\_\_

Small-Pox Marks \_\_\_\_\_

(Signature) \_\_\_\_\_  
Medical Officer.

Vaccination Marks. { Arm Right Left  
Number \_\_\_\_\_

\* If unfit, state disability.

When Vaccinated last 1/2/15

(a) Marks indicating congenital peculiarities or previous disease: Tattoo mark left forearm

Re-vaccinated on 10<sup>th</sup> day of July 1915.

(b) Slight defects but not sufficient to cause rejection.

Arm Left Number One.

Result Good.

(Signature) R. J. Swan  
Medical Officer.

Enlisted on 8 day of January 1915, at Wheg

	CORPS.	REGTL. NUMBER.	HABITS.	DATE.
Joined on enlistment.	<u>43<sup>rd</sup> Battrn</u> <u>C.E.F.</u>	<u>A 20424</u>		
Transferred to.....	<u>16<sup>th</sup> Batt.</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.

Entries in Red Ink made from Attestation Sheets.

AUG 13 1915

R. M. Shaw  
for D. D. M. S.







16th. Battalion.

Extract from Casualty Sheet No. 143. dated August 24th. 1915. Sheet II

Burial Report.

Reported by O.C. No.2 C.C. Station.

17-8-15. A2042~~6~~ Pte. Mills, S.

Buried at Civil Cemetery  
Bailleul.

Number & Date of Report:

C 1842      C.F. 31.      23/8/15.

Verified:

24/8/15.

Examined *AB*



16th. Battalion.

OAS

Handwritten notes and scribbles, including a date that appears to be 10/1/12.

Faint handwritten text, possibly including the words "MAY" and "1912".

RECEIVED

18-0-12. 180430. 170. 11112. 2. 181201 of STAFF COMPANY

180430. 170. 11112. 2. 181201

181201

181201 of STAFF COMPANY. 181201 of STAFF COMPANY. 181201 of STAFF COMPANY.

181201



23356.

R-122.

77

Rank Name MILLS Samuel

Reg'l No. A 20424

Unit 43rd BN.

If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment Winnipeg, Man. 8th Jan. 1915

Place of Birth Cookstown, Ireland

Name and Address, Next-of-Kin Lizzie Mills, 95, 5th Ave, Lachine, Montreal, P.Q.

Relationship Sister.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

N/E. R.B. No. 5  
File R.L.  
Category D. W.

15

Left Can. June 1915  
unit in Eng. 43rd BN  
20 9 20  
JA

M

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				
31/7/15	O.C. 16 <sup>th</sup> Bn	Embarked Taken on str. 16 <sup>th</sup> Bn.	France	17/7/15	Pt. II C. # 21.
23/8/15	N.O.	Died of wounds. @ # 2 Gas Bleeding Station		17.8.15	A.F.B. 103.
17/8/15	O.C. C.C.S.	Buried @ Civil Cemetery Bailloul		17/8/15	on. Gas Unit 134 (2) PART II ORDERS. # 24.
	Burial M.	" " "		17-8-15	Graves & Committee B561 Rev 49.

H







Casualty Form—Active Service.

CERTIFIED CORRECT. 169  
Canadian Record Office  
Westminster House,  
7, Millbank, S.W.

Regiment or Corps 43rd BATTN. C.I.F.

Regimental No. 1720424 Rank Pte Name Mills Samuel

Enlisted (a) 8.1.15 Terms of Service (a) \_\_\_\_\_ Service reckons from (a) \_\_\_\_\_

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

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

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				
31/7	Pte 2 Orders	Taken on Strength	16 <sup>th</sup> Bn	17/7	No 21 31/7
17/8	No 2 CCS	Died of Wounds GSW Chest.		17/8	A 36 17/8. Pte 024 1/23/15

*W. J. Daniels*  
CAPT.  
OFFICER i/o RECORDS  
CANADIAN SECTION G. H. Q.

(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. 33, 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				