

NAME

*BULLLEN*

*WM. GEORGE PREY*

REGT. NO.

*331610*

UNIT

*C. I. G.*

H. Q. FILE NO.

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

Category

**DISCHARGE**

Category

**DESERTION**

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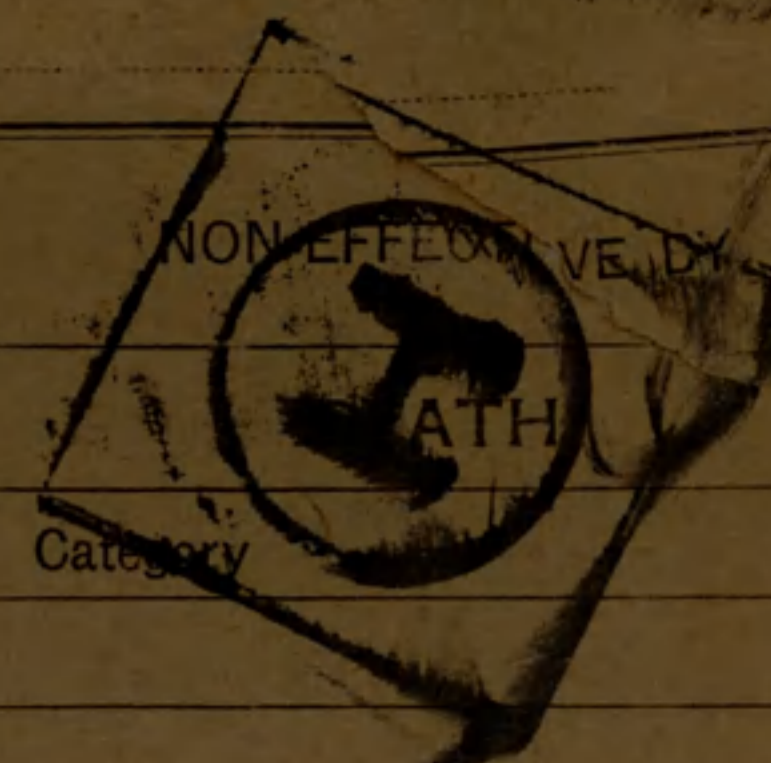
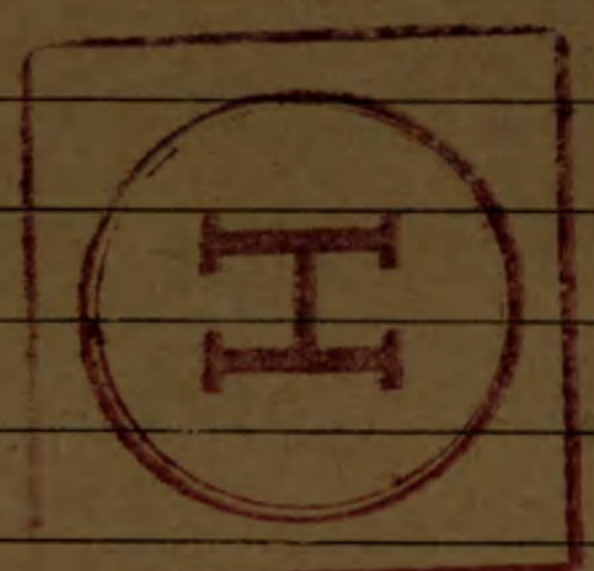
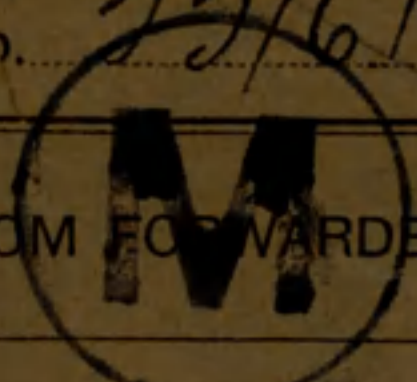
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*49902*

*Remot*

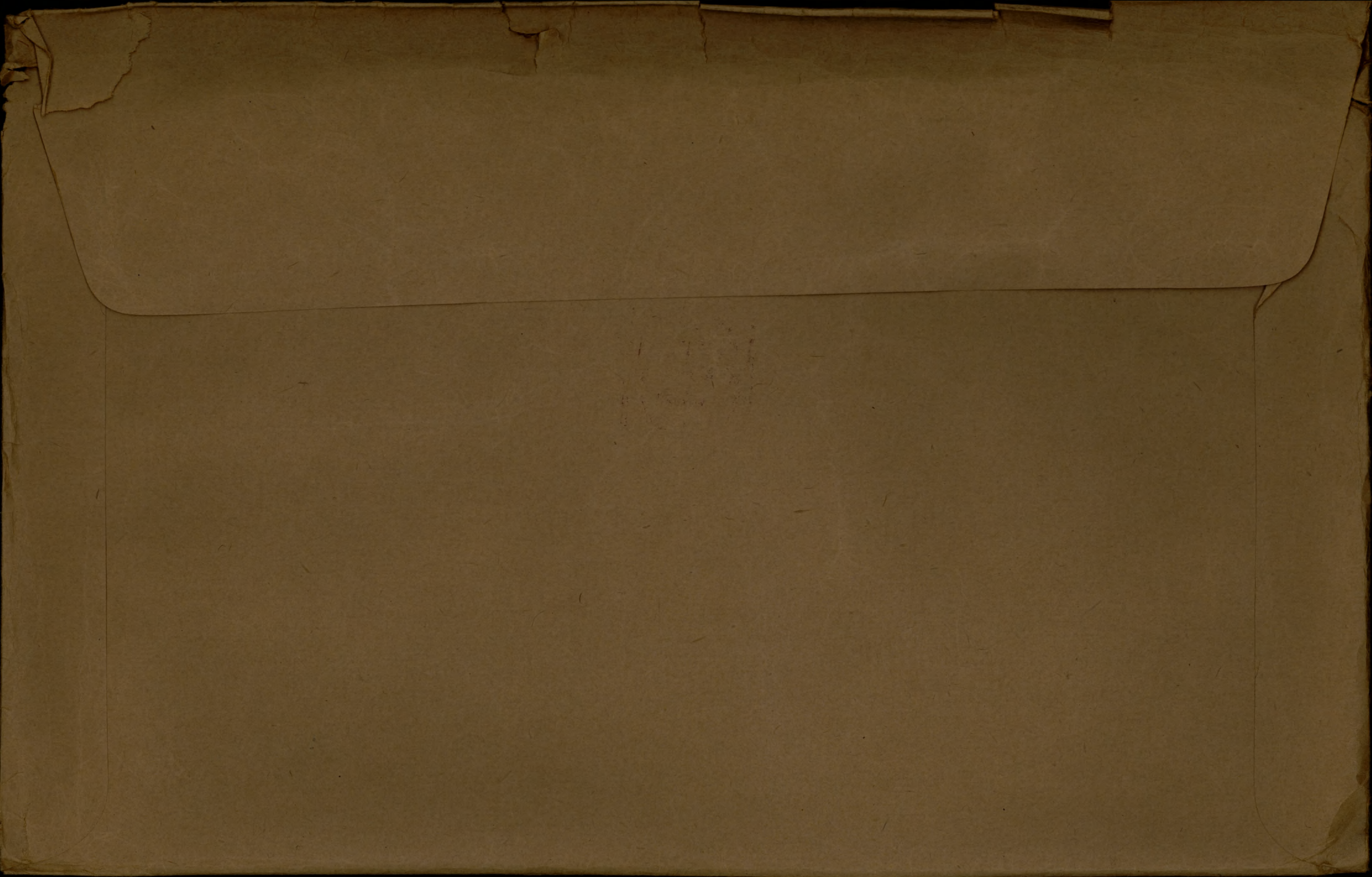
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*43-10*  
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*11-11*

*403175*

*S*

*B. G. P. B.*

*Handwritten signatures and notes*



## ATTESTATION PAPER.

No. **831610**

Folio.

### CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

#### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- |  |  |
|--|--|
| 1. What is your surname?.....  | ..... <b>BULLEN.</b>                               |
| 1a. What are your Christian names?.....  | ..... <b>WILLIAM GEOFFREY.</b>                     |
| 1b. What is your present address?.....   | ..... <b>1835 Cornwall St, Vancouver. B.C.</b>     |
| 2. In what Town, Township or Parish, and in what Country were you born?.....                                       | ..... <b>Ashby-de-la Zouch, Leicister, England</b> |
| 3. What is the name of your next-of kin?.....  | ..... <b>Henny Bullen.</b>                         |
| 4. What is the address of your next-of-kin?.....   | ..... <b>1835 Cornwall St Vancouver. B.C.</b>      |
| 4a. What is the relationship of your next-of-kin?.....   | ..... <b>Father.</b>                               |
| 5. What is the date of your birth?.....  | ..... <b>8th of August 1884.</b>                   |
| 6. What is your Trade or Calling?.....   | ..... <b>Confectioner</b>                          |
| 7. Are you married?.....   | ..... <b>No.</b>                                   |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?.....  | ..... <b>Yes.</b>                                  |
| 9. Do you now belong to the Active Militia?.....   | ..... <b>No.</b>                                   |
| 10. Have you ever served in any Military Force?.....<br><small>If so, state particulars of former Service.</small> | ..... <b>No.</b>                                   |
| 11. Do you understand the nature and terms of your engagement?.....  | ..... <b>Yes.</b>                                  |
| 12. Are you willing to be attested to serve in the }<br>CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }                  | ..... <b>Yes.</b>                                  |

#### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **William Geoffrey Bullen**, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

..... *W. G. Bullen* (Signature of Recruit)

Date **MAR 1 - 1916** 191 . ..... *Lawson* (Signature of Witness)

#### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **William Geoffrey Bullen**, 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.

..... *W. G. Bullen* (Signature of Recruit)

Date **MAR 1 - 1916** 191 . ..... *Lawson* (Signature of Witness)

#### CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at **Vancouver. B.C.** this **1<sup>st</sup>** day of **March** 191**6** .  
..... *Lawson* (Signature of Justice)

Description of BULLEN, WILLIAM GEOFFREY. on Enlistment.

Apparent Age 31 years 7 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. 8 1/4 ins.

Chest measurement { Girth when fully expanded 35 1/2 ins.  
 Range of expansion 2 1/2 ins.

Complexion Dark

Eyes D. blue

Hair D. brown

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

3 Vae. L.  
Scar in front of R. ear  
Scar on palm of L. hand  
Scar on centre of chin

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 March 1 1916

Place Vancouver B.C.

W. Bullen  
 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.

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

[Signature] (Signature of Officer)

Date APR 15 1916 1916

CAPT. O.C.

**68th O/S Depot Field Battery**

War Service Badge  
 Class "A" No. 30410  
**CANADIAN EXPEDITIONARY FORCE**

**DISCHARGE CERTIFICATE**

THIS IS TO CERTIFY that No. 331610 (Rank) Gunner

Name (in full) Bullen William Geoffrey enlisted in  
 the 68th O/S Battery C.F.A.

CANADIAN EXPEDITIONARY FORCE at Vancouver B.C. on the 1st  
 day of March 1916

HE served in England & France with C. Battery C.F.A.

and is now discharged from the service by reason of  
 Demobilization.  
~~Medical Unfitness.~~

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 34

Height 5' 8 1/2"

Complexion Dark

Eyes D. Blue

Hair Dark Brown

W.S. Bullen  
 Signature of Soldier

Marks or Scars

two vaccination marks  
left arm

Date of Discharge

July 14 1919

Carl W. Roberts  
 Issuing Officer

O.C. DISPERSAL STATION 'I'

Rank

Date July 14 1919

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Service No. 1000000000

THIS IS TO CERTIFY that No. 3810 (Rank) Sergeant Name (in full) William Joseph the 1st Canadian Expeditionary Force on the 10th day of April 1918 HE served in the 1st Canadian Expeditionary Force and is now discharged from the service by reason of Demobilization Medical Unfitness

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age	<u>34</u>
Height	<u>5' 8"</u>
Complexion	<u>Fair</u>
Eyes	<u>Blue</u>
Hair	<u>Dark</u>
Signature of Soldier	<u>[Signature]</u>
Date of Discharge	<u>10th April 1918</u>
Issuing Officer	<u>[Signature]</u>
Rank	<u>Sergeant</u>
Date	<u>10th April 1918</u>
Marks or Scars	<u>None</u>

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it to an unattached envelope to the Secretary, Militia Council, Ottawa, Canada.

1918

Hastings Park, Vancouver, B. C.

JUL 14 1919

This is to certify that the physical condition of the  
within named man has not changed since date of Overseas Board  
herewith attached.

*W. W. L. M. C.*

Capt. C.A.M.C.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

15051

June 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

*Bank Account.*  
*Bank account* **B**  
*Cr.*

RATE OF ASSIGNMENT

20			
----	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

No. **331610**  
 Rank **Gm.** Promoted Reverted Discharge  
 Soldier's Name **Wm G. Bullen**  
 Battalion **68<sup>th</sup> Batty**  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name **Canadian Bank of Commerce**  
 Address **Kitsilano Vancouver B.C.**  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Oct 31. 1914			340	340	
Nov	C 55269		20	20	
Dec	C 64724		20	20	M
Jan 1915	T 65121		20	20	X
Feb	C 98214		20	20	
Mar	A 105498		20	20	✓
Apr	A 1716		20	20	B
May	H 17381		20	20	✓
June	E 16381		20	20	✓
July	V 31982		20	20	✓
Aug	E 28786		20	20	✓
Sept	H 43015		20	20	✓
Oct	F 46345		20	20	✓
Nov	B 58082		20	20	✓
DEC	M 62660		20	20	✓
Jan 19	H 73722		20	20	✓
Feb	F 76931		20	20	✓
MAR	F 88679		20	20	✓
APR	G 3576		20	20	✓
May	D 8372		20	20	
June	G 8855		20	20	
July	C 11592		20	20	
			7600	7600	

2419-W-16

Ac Closed 31-7-19  
 Ret'd per... *Olympic*  
 Date... 7/7/19 M.F.W. 187 MS 11  
 Clerk... *ambertome*

Destroy MO 100559 und 21/7/19

**AUDITED.**



M. F. W. 128  
 400M-6-17-1772-88-1141  
 L. L. 22320-M. & D. 7688.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No. \_\_\_\_\_

Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_

Soldier's Name \_\_\_\_\_

Battalion \_\_\_\_\_

Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Change of Address \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128  
 400M-617-1772-39-1141  
 L. L. 22320-M. & D. 1983.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Canadian Bank  
of Commerce

PAYMENTS.

Name of Soldier

Bullen W. G.  
331610 Gnr. 68th Bty

Sheet No. 2.

Job 310.-Req. 6574.

20<sup>00</sup> June 16  
Remarks.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June		B. 6302	20	
July		V 11505	20	
Aug.		F 10468	20	
Sept.		Q 19790	20	
Oct.		R 22530	20	
Nov.		G 25238	20	
Dec.		E 32923	20	
Jan. <i>Ch</i>	1917	Q 35589	20	
Feb.		Q 41930	20	20 <i>(JW)</i>
March		N 44549	20	20 B.
April		P. 282	20	20 W
May		P 6614	20	
June		Y 13345	20	20 W.
July		S. 20694	20	20 <i>(JW)</i>
Aug.		V. 26990	20	20 <i>(JW)</i>
Sept.		U 33245	20	20 <i>(JW)</i>
Oct.		T 48620	20	20 <i>(JW)</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

*Env*

*Bank Account*

To Whom *Canadian Bank of Commerce* By Whom Assigned *Bullen W. G.*  
 Address *Hittsland Kitsilano* Regtl. No. *331610*  
*Vancouver B.C.* Rank *Env*  
 Corps *68th Bty*  
 Rate *20<sup>00</sup> June 1/6 2m 51<sup>5</sup>/<sub>16</sub> a.s.R.*

**PAYMENTS**

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



TLH. Rank *Qwr.* Name **BULLEN, WILLIAM GEOFFREY,** Reg'l No. **331610.**  
 Unit **Dft. 68th. Bty.** If in perm. Corps, }  
 What Unit? }  
 Married or Single **Single.**  
 to R.B. C.F.A.  
 Place and Date of Enlistment **Vancouver, B.C. Mar 1, 1916.** Place of Birth **Ashby-de-la-Zouch, Leicester, England.**  
 Name and Address, Next-of-Kin **Henry Bullen,** Relationship **Father.**  
**1835, Cornwall Street, Vancouver, B.C. Can.**  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

*Handwritten signature*  
 N/E. R. S. No. *150*  
 File No. *150*  
 Date *1917*

Discharge, Date and Place Reason Character

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS.
		<i>Arrived in England. per S.S. Olympic</i>		<i>7-5-16</i>	
<i>8-5-16</i>	<i>1/2 R-Bde</i>	<i>Taken on Strength</i>	<i>Shorncliffe</i>	<i>7-5-16</i>	<i>Pt II O-110</i>
<i>12. 11. 16</i>	<i>0/3 R-Bde</i>	<i>S.O.S. to 1st DAC</i>	<i>S'Cliffe</i>	<i>12-11-16</i>	<i>Ptn O, 290</i>
<i>17. 11. 16</i>	<i>1st. DAC</i>	<i>Taken on Strength</i>	<i>Field, 13, II, 16.</i>		<i>Pt, 2-O, 95.</i>
<i>28. 11. 16</i>	<i>SC "</i>	<i>Posted to 2<sup>nd</sup> R-Bde</i>	<i>"</i>	<i>13. 11. 16</i>	<i>" " 102</i>
<i>29. 11. 16</i>	<i>1/2 2<sup>nd</sup> Bde</i>	<i>Taken on Strength</i>	<i>"</i>	<i>14/11/16</i>	<i>Pt II O 111</i>
<i>3. 1. 17</i>	<i>" "</i>	<i>Transfd to Anti-Aircraft Bty</i>	<i>"</i>	<i>14/1/17</i>	<i>" " 16</i>
<i>3-2-17</i>	<i>C.A.A.B.</i>	<i>T.O.S. from 2<sup>nd</sup> Bde C.F.A.</i>	<i>Field</i>	<i>15-1-17</i>	<i>Pat II O.O. 1</i>
<i>14-3-17.</i>	<i>"</i>	<i>Adm.<sup>d</sup> to No. 22 Bas. H. Stat. Unit</i>	<i>"</i>	<i>22-2-17.</i>	<i>bd. A.S. Influenza.</i>
<i>4. 4. 17</i>	<i>"</i>	<i>Discharged</i>		<i>12. 5. 17</i>	<i>" " 100</i>
		<i>Jobe T.O.P. to CARD from the Khaki University</i>		<i>15/5/19</i>	

**A.F.B. 103 CHECKED**  
 Date. **2 - JAN. 1917**  
 REMARKS. Taken from Official Documents.

**A.F.B. 103 CHECKED**  
**16 NOV. 1916**  
*W.P.R.*

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.				
25-4-19	E. Wing C.C.C.	T.O.A. Pdq R.T.C.	Gum B'Nott	19-4-19	{ E. Wing C.C.C. - 24-14-5-19 { S.O.S. to Khaki Vny - 13-5-19 Pt II Ord 18.
28-5-19	CARD	T.O.S from E Wing & Jc to RW	" Witley	13-5-19	- 148
21-6-19	CREW	S.O.S. to "R" Wing	" do	19-6-19	- 172 & R. Wing 60 <sup>19/6/19</sup>
18-6-19	"	Ceases Jc to RW	✓ ✓	14-6-19	- 169

Go Canada 94-T-189 2-7-19

S.O.S. to (A) 1 2-7-19  
OIA P.S.D.O. 1 0 25 7-19

ORIGINAL  
**ORIGINAL**

**MEDICAL HISTORY SHEET.**

Surname **BULLEN** Christian Name **WILLIAM GEOFFREY**

Examined { on 1 day of March 1916  
at Vancouver B.C.

Approved by J. Bullen  
Rank Lieut M.O.

Birthplace { City or Town Ashley  
County Leicestershire Eng.

Apparent age 31 1/2

Trade or occupation Confectioner

Height 5 Feet 8 1/4 Inches.

Weight 143 Lbs.

Chest measurement { Minimum 33 inches.

Maximum expansion 2 1/2 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks { Arm Right Left  
Number - 3

When Vaccinated last 1903

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date.	Result.	VACCINATIONS.
<u>11/3/16</u>	<u>Positive</u>	<u>J. Woodley</u> M.O.
		M.O.
		M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>20/6/16</u>	<u>J.H.S. Marshall</u>	M.O.
<u>23/6/16</u>	<u>J.H.S. Marshall</u>	M.O.
		M.O.

Enlisted on 1<sup>st</sup> day of March 1916 at Vancouver B.C.

CORPS.	REG'TL NUMBER.	HABITS.	DATE.
<u>68th O/S Depot Field Battery</u>	<u>831610</u>		<u>MAR 1 - 1916</u>
<u>1<sup>st</sup> B.A.C.</u>			<u>8-5-16</u>

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott</u>	<u>26-4-19</u>	<u>Varicose Veins both legs</u>	<u>Fit J. Bullen Capt.</u> <u>W. Woodley Capt.</u>

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





CANADIAN ARMY DENTAL CORPS, O.M.F.C.  
**DENTAL CERTIFICATE FOR DEMOBILIZATION**

**DIRECTIONS TO  
DENTAL OFFICERS**

NAME OF SOLDIER (Block letters) BULLEN, W. G.  
REGIMENT Anti Aircraft Coy RANK Sn No. 331610  
Date of Examination in England 22-4-19 Date of Examination in France \_\_\_\_\_

1. This form will be made out for each individual at the time of demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



**PRESENT DENTAL REQUIREMENTS**

1. FILLINGS 15-29-8
2. EXTRACTIONS 8
3. CROWNS \_\_\_\_\_
4. DENTURES \_\_\_\_\_
- (a) Full Upper \_\_\_\_\_
- (b) Part Upper \_\_\_\_\_
- (c) Full Lower \_\_\_\_\_
- (d) Part Lower \_\_\_\_\_

HAS HE EVER REFUSED DENTAL TREATMENT?       

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) ~~In Canada~~

(b) ~~In England~~

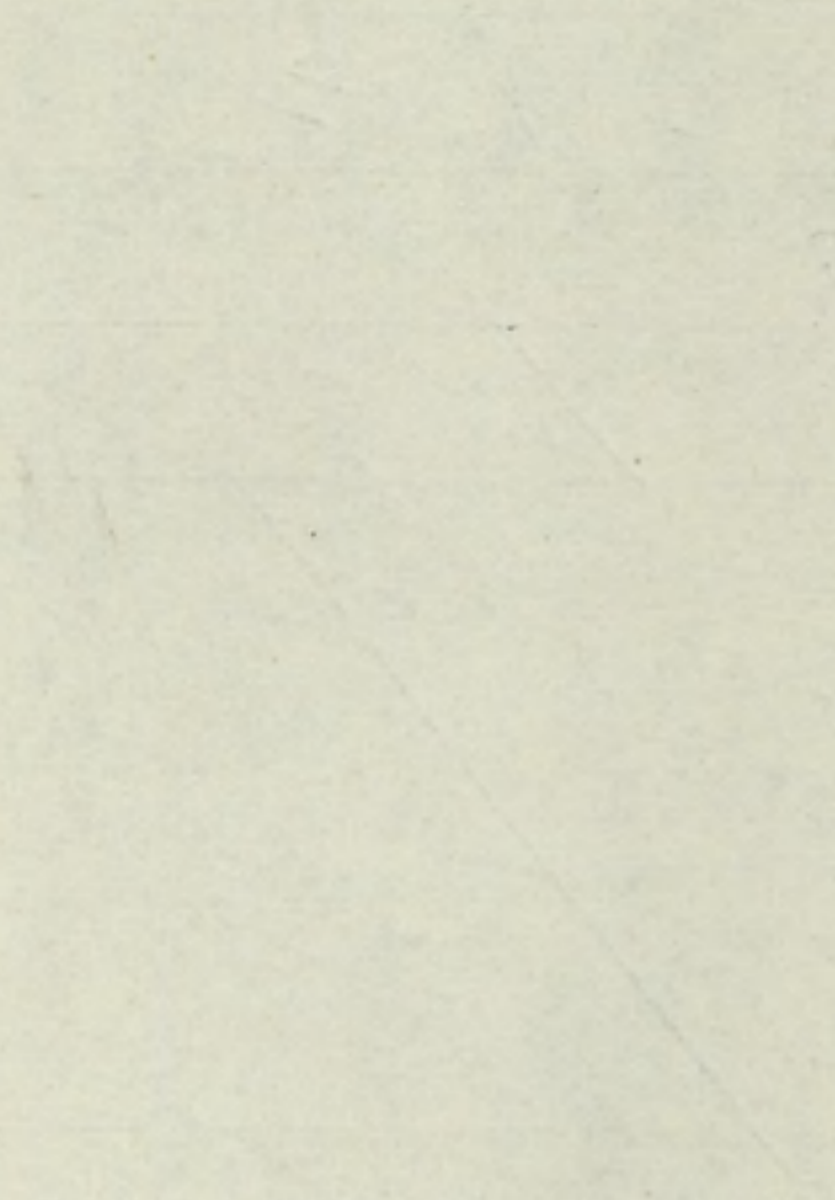
(c) In France yes

BRAMSHOTT CAMP  
HANTS.

Signature of Dental Officer E. Berry, Capt.

UNITED STATES DEPARTMENT OF THE ARMY  
DENTAL CERTIFICATE FOR DEMOBILIZATION

NAME: [Faintly visible text]  
SERIAL: [Faintly visible text]  
GRADE: [Faintly visible text]  
REGIMENT: [Faintly visible text]  
BRANCH: [Faintly visible text]



CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

*BULLEN. W.G.*

REGIMENT

*C.F.A.*

RANK

*Gr.*

No.

*331610.*

Date of Examination in England

*24-6-19*

Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

*12, 13, 15, 20, 21, 29.*

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

*For A.D.O. M.D. M. 11*  
*Gu*

HAS HE EVER REFUSED DENTAL TREATMENT?

*No.*

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

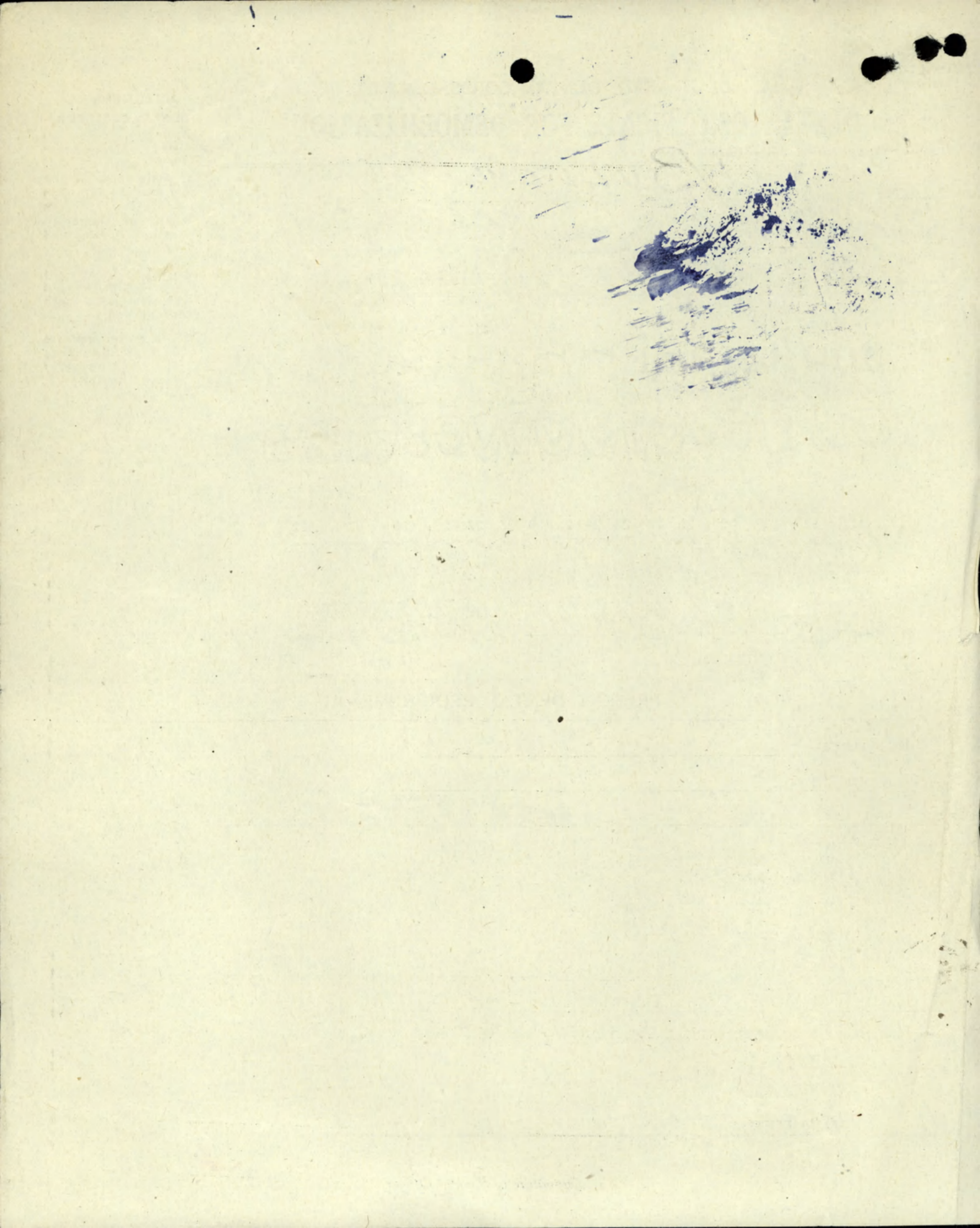
(b) In England

(c) In France

*Yes*

Signature of Dental Officer

*Graham*



# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I.  
Pa

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-PP 1150 IM 5/18 G.W.P.Co (3490)

<p>(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.]</p> <p>(4) Surname</p> <p>(5) Christian Names</p> <p>(6) Army Form, number of, Attestation } Form or Record of Service paper }</p> <p>(7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918]</p> <p>(8) Date of birth as stated on enlistment</p> <p>(9) (a)</p>	<p>(2) Regiment or Corps</p>	<p>(3) Regtl. No.</p>
---	------------------------------	-----------------------

<p>(10) Enlistment (b)</p> <p>(12) Service reckons from (date)</p> <p>(14) Any subsequent variations (if any) } of conditions of service }</p> <p style="text-align: center;">(Authority)</p>	<p>(11) Engagement (c)</p> <p>(13) Special conditions (if any) of enlistment (d)</p> <p style="text-align: center;">(date)</p>	<p style="text-align: center;">Initials and Rank of an Officer.</p>
---	--	---

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test  Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

<p>(17) Next of Kin</p> <p>(18) Demobilizer (f) (Place)</p> <p>(19) Pivotal-man (f) (Date)</p> <p>(20) Qualifications (g) or (21) Corps trade and rate</p>	<p>(23) Re-engaged {</p> <p>(22) Extended {</p> <p>(24) Miscellaneous entries:—</p>	<p style="text-align: center;">(Signature of { Posting Officer</p>
--	---	--

EMERGENCY  
HALLWAY  
JULY 1918

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

331610

Bullen, W. G.

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					

5/6/19

R Wing  
"

DO "48

T.O.S, WITLEY  
SOS -OMFC. TO CEF CANADA

5/6/19

1/7/19

*[Handwritten Signature]*

OFFICER in CHARGE RECORDS  
R. WING C

EMBKD. SOUTHAMPTON 20 7 19  
ABB HALIFAX JULY 8 19

Nothing to be written in this margin.

DISPERSAL STATION WITH

No. 331610 Rank Gnr

Name Bullen W G

NOTE:- This slip must be presented to & initialled by each Department in the following order:-

1. ORDNANCE AG

2. SOLDIERS CIVIL RE-EMPLOYMENT A.G.S.

3. PAY AG

4. AFFIDAVITS

5. DOCUMENTS & TRANSPORT WARRANTS AG

6. DISCHARGE Cur

7. OVERSEAS BUTTONS AG

8. OFFICER I/C DOCUMENTS AG

9. TICKETS N.R.

10. Do you require Medical Treatment? No

11. Do you require Dental Treatment? No

CANADIAN ARMY DENTAL CORPS, C.E.F.

Signature W G Bullen

3

Surname **Bullen** Christian Name or Names **W.G.** Reg. No. **331610**  
 Rank **Gnr.** Unit **C.A.** Co. **Anti Air** Troop **Craft** Batty. **Batty.**

Hospital **22 Gas. Clg. Station** Date of Admission **22-2-17.**

Transferred **57 C. C. Sta.** Hosp. **1-7-18**

Hosp.

Hosp.

Hosp.

**Influenza.**

Diagnosis

*B. M. - O. a. T.*

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

*Disch 12-3-17* Date  
*Dis. 6. 7. 18.*

REMARKS

C.L. 14-3-17 A8  
 - 4-4-17 @10  
 11-7-18 a/290-3  
 15-7-18 @ 263 (4)

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

*RW*



# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.





LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 8.	No. 22. Cas. Cl. Station	22-2-17	Influenza
A 10	Discharged	12-3-17	"
A 290	57 Cas. Cl. Stat	1-7-18	P.U.O.
A 293	Discharged	6-7-18	" " "

REGT'L No 331610 -

H. Q. FILE No. 649-

NAME Bullen W. G.

RANK AND CORPS Cmn. Can. Anti Aircraft. Batterie

FOLLOWS

No.

NATURE OF CASUALTY

FOLLOWS

No.

CABLE

DATE





No. 331610

RANK

*Sgt*

NAME

*Bullen Wm Geoffrey*

T. O. S.

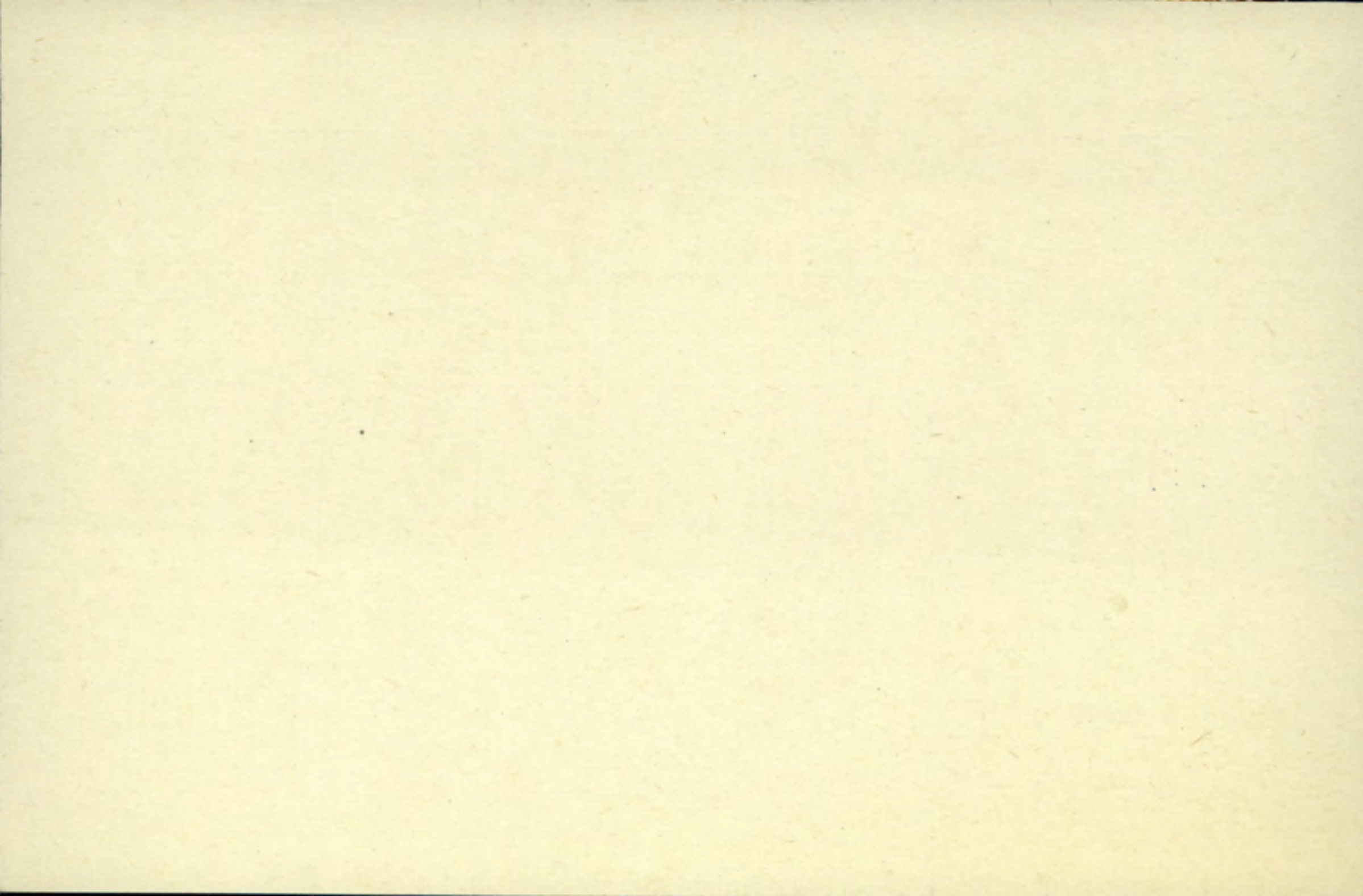
UNIT

*68<sup>th</sup> C/o Depot Field Battery*

M. D. //

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Apr 1</i>	<i>1916 Apr 30</i>	<i>v</i>		





No 331610

RANK

*Gunner*

NAME

*Bullen W<sup>m</sup> G*

T. O. S. 1-3-16

UNIT

*66<sup>th</sup> Depot Field Battery C 70*

SD 7 3-3-16

*(Boonman Draft)*

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Mar 1</i>	<i>1916 Mar 31</i>	<i>✓</i>		



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Confectioner

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

31

YEARS

7

MONTHS

HEIGHT

5

FEET

8 1/4

INCHES

CHEST MEASUREMENT

35 1/2

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Dark

EYES

D. Blue

HAIR

D. Brown

DISTINGUISHING MARKS

3 vac. L. Scar in front of R. Ear. Scar on palm of L. hand. Scar on centre of chin

MEDICAL EXAMINATION.

PLACE

Vancouver. B. C.

DATE

Mar. 1-1916

Present address: - 1835 Cornwall St., Vancouver, B. C.

CARD NO.

11, Ser 14-1-19

FOLL. *Penob*

DO. 198-17-7-19

11 RS

SURNAME. *Bullen,*

CHRISTIAN NAMES *William Geoffrey*

REGL. No. *331610*

RANK *Enr.*

UNIT ~~*3rd. Fld. Arty.*~~ *68<sup>th</sup> Bty. (1<sup>st</sup> R.D.)*

FORMER CORPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Bullen, Henry.*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *1835 Cornwall St. Vancouver, B.C.*

COUNTRY OF BIRTH *England, Ashby-de-la Zouch Leicesters* DATE *Aug. 8-1884*

PLACE OF ATTESTATION *Vancouver, B.C.* DATE *Mar. 1-1916*

*Trans. from 13<sup>th</sup> Fld. Arty. to 68<sup>th</sup> Bty. Auth. 68<sup>th</sup> Bty. N.R. 26/4/16.*

*JCA*  
*ca*

*PA*

Number... *331610* ..... Rank... *Gen* .....

Surname... *BULLEN* .....

*P*  
*14421*

Christian Names... *William Geoffrey* .....

Unit... *C.F.A.* ..... Theatre of War... *France* .....

Dates of Service... *13/11/16* .....

Remarks, .....

Latest Address... *1835 Cornwall St* .....  
*Vancouver B.C.* .....

Roll No. *B Page 1594*

54 6943 Navy

MAY 1 3 1961

5427788-RecM

AUG 3 1961





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

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

330M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps ..... 68<sup>th</sup> Bty.

Regimental No. 331610 Rank Ens Name Bullen William Geoffrey  
C. E. F.

Enlisted (a) 1.3.16 Terms of Service (a) D of W. Service reckons from (a) 1.3.16

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

Extended ..... Re-engaged ..... Qualification (b) .....

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				
					<p>7. O.S, No 11 D, D, 2 July 19</p> <p>S, O, S. CEF July 14-19 T Area</p> <p>No 11 dd DO 198 July 17-19</p> <p><i>W. A. Maclean</i> Capt                      For O.C. District Depot XI</p>

(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.

*Bert R22-2-91*  
*R25 8117*  
Fill in Only.—Unit, Number, Rank and Name.

M. F. W. 54.  
150M. 10-15.  
H.Q. 1772-39-930.

## Casualty Form—Active Service.

Unit, Regiment or Corps 68th O/S Depot Field Battery  
 Regimental No. 331610 Rank Gunner Name Bullen, William Geoffrey  
 Enlisted (a) 1-3-16 Terms of Service (a) War & 6 mo. Service reckons from (a) 1-3-16  
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }  
 Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) W. S. B. CLASS A Confectioner

CERTIFIED CORRECT.  
21 NOV. 1916  
CAN. RES. B. LONDON.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked, Halifax, Can....1-5-16. Arrived Liverpool, Eng....6-5-16.	<del>70 S</del> PART II NO 110		Reserve Brigade, C. Reserve 7-5-16. C. F. A.
17/11/16	O.C. Res Bdey C.F.A.	To 1st Bde	SHORNGLIFFE.	17/11/16	Adjutant, Reserve Brigade, C. F. A.
13.11.16	C.R.D.	Reinf. att'd 1st Bde.	Field	13.11.16	Roll Part II Ord 95 d 17.11.16.
20.11.16	1st CRA	Posted to 2nd Bde 670	"	13.11.16	9-152 Part II Ord 102 d 28.11.16
		Taken on " " "	"	14.11.16	9-152 Part II Ord 111 d 29.11.16
26.11.16	Unit	Joined Unit <i>Canadian</i>	"	22.11.16	B213.
30-1-17	90b. CRA ban. corp	Transferred to 1st. Div. Anti-Aircraft Battery	Field	14-1-17	472-1 KT 111-3165 Pt II Ord no 16 of 3-2-17
21-1-17	9c Unit	Taken on strength A.A. Battery		15-1-17	B 213 Pt 20 No 1 d/ 3-2-17
24-2-17	22 B. B. S.	Influenza.	A	22-2-17	36, D. B. S. No 5 d/ 9-3-17
25-2-17	2nd B. F. A.	do	A I	21-2-17 22-2-17	36, D. B. S. No 5 d/ 9-3-17

(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.]

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				
17-3-17	22. C. C. S.	Influenza.	A 22. C. C. S. D Duty.	22-2-17 12-3-17	A 36, D. C. S. No 8 d/ 31-3-17.
22-4-17	of Unit	adm to Hospital	Field	21-2-17	B 213. D. C. S. No 12 d/ 28-4-17
22-4-17	of Unit	Returned Unit from Hospital	Field	12-3-17	B 213. . . . 112 d/ 28-4-17.
7-7-17	do	Proceeded to course of instruction at 4th H.A. school at Gosnauy	do	1-7-17	B 213. P. II O No 46 d/ 16-7-17
14-7-17	do	Returned Unit from course	do	8-7-17	B 213 . . . 47 d/ 23-7-17
20-10-17	do	Granted leave of absence	Field	16-10-17	B 213 P. II O No 73 d/ 26-10-17
3-11-17	Unit	Returned from leave		28-10-17	B 213 P. II O 76 d/ 13-11-17
✓ 1. 7. 18	57 C. C. S.	P. U. C.	Adm 57 C. C. S.	1. 7. 18	A/36 § 348
✓ 2. 7. 18	62 Hd. Amb.	do.	Adm. 1. 7. 18 Hd	do	do § 444
✓ 6. 7. 18	57 C. C. S.	do.	Hd. do Unit	6. 7. 18	do § 690
✓ do.	"E" A. C. Coy.	20 Hosp. (not stated)	1. 7. 18 Reg'd Unit	do	B 213.
2. 11. 18	do	14 days leave to	H. K.	1. 11. 18	B. 213. P. II O. 56 1918.
23. 11. 18.	do	Returned from leave.	H. K.	18-11-18	B 213.
15-3-19	do	Granted 12 days leave	Paris	12-3-19	B. 213. P. II O. 16 d/ 26-3-19
18 AVR 1919		Proceeded to England		18 AVR 1919	
<p>S.O.S from O.M.F. from proceeding to Canada 14.5.19 P. II O 24.14.5.19</p> <p><i>[Signature]</i> C. M. A.</p> <p><i>[Signature]</i> Lieut. for Lt. Col., AAG, Canadian Section</p>					

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

(Category A) (Yes or No) Yes "A"  
 " B (Yes or No)  
 " C (Yes or No)  
 " D (Yes or No)  
 " E (Yes or No)

20. It is certified that the invalid

(a) ~~Does require treatment~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) ~~Should pass under his own control~~
- (d) ~~Should not pass under his own control~~  
 (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged (When not for discharge add special recommendation.)

Auth A G 9083 of 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

sd/ G JP Jento Capt. C.A.M.C. President.

PLACE Bramshott

DATE 26-4-19

sd/ A H MacLaren Capt. C.A.M.C. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed  
 Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE DATE APPROVED BY

DATE APPROVED BY

sd/ H McKenzie Capt. C.A.M.C.  
 for Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 26-4-19

DATE

Certified a true copy

W. Davidson Capt. CAMC.

THIS FORM WILL BE USED FOR ALL RANKS  
 MEDICAL HISTORY OF AN INVALID

W H

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Bramshott DATE 24-4-19

1. (a) Unit E Bty C A A (b) Regimental No. 331610 (c) Rank Gnr  
 (d) Surname BULLEN (e) Christian name WM GEBFREY  
 (f) Home address 1835 Cornwall St Vancouver B C  
 (g) Next of Kin Mr H Bullen (h) Relationship Father  
 (i) Address of Next of Kin 1835 Cornwall St Vancouver B C
2. Age last birthday 34 Date of birth Aug 8 1884
3. Enlistment, or Appointment (if an Officer) (a) Place Vancouver B C (b) Date March 1 1916
4. Personal description: Estimated  
 (a) Height 5'8 1/4" (b) Weight 144 (stripped) (c) Complexion Fair  
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. 2 Vacc marks L arm.
5. Former trade or occupation Manufacturer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	61

	PERIODS	
	From	To
Canada	March 1 1916	May 1 1916
England	May 1 1916	Nov 12 1916
France or other theatres of War	Nov 12 1916	April 18 1919

7. Original disease, or injury Varicose Veins both legs.

(a) Date of origin Prior to enlistment. (b) Place of origin Canada.  
 (c) Cause Conditions of civil life

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Varicose Veins both legs, with partial loss of function.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Obj:-Man has marked Varicose Veins over calves of both legs. R. Varicosities are larger and more tortuous than L. All other symptoms normal.

Subj:- Man does not complain of any disability at present.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—If the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....no..... Cardio-Vascular System.....no..... Genito-Urinary System.....no..... (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses.....no..... Respiratory System.....no..... Integumentary System.....no.....
Disturbances of Mentality.....no..... Digestive System.....no..... Muscular System.....r/.....
Osseous and Joint Systems.....no..... Any other general condition.....no.....

10. (a) History (of the condition referred to in Section 9 (a).)

Man states that his varicose veins first came in civil life but did not produce any disability. Since enlistment however his condition has become accentuated till they present well marked tortuosities on both legs.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

In hospital for Influenza. Jan 1917 and also Aug 1918.

(c) (Here give a description of wounds, scars and deformities.)

2 vacc marks L arm

11.—(a) Did the disabling condition have its origin before enlistment? Yes

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Yes, slight varicose veins both legs.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? a & b no

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

No

16. Can the former trade or occupation be resumed? Yes (If not, briefly state why)

17. Recommendations

None

sd/ B C Hardtman Capt.C.A.M.C. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

W G Bullen

I, the undersigned..... have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of.....

AHM

sd/ W G Bullen Gnr Rank. Signature of invalid examined.

\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: <b>BULLEN W. Jeffrey</b>
EFFECTIVE DATE: June 1916		EFFECTIVE DATE: -		NUMBER: 331610
AMOUNT: 20 <sup>00</sup>		AMOUNT: -		

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	PARTICULARS OF RANK OR APPOINTMENT		
		AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Canadian Bank of Commerce Kitsilano Vancouver B.C.				Yeoman

UNIT AND TRANSFERS	
ORIGINAL UNIT: - 2nd Bde Dpt. 68 <sup>th</sup> Bty.	
DATE ACCOUNT FIRST OPENED: - 1/5/16.	
AUTHORITY	DATE EFFECTIVE
Do 16	9-2-17
UNIT TRANSFERRED TO: aa craft	

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
2.4	877	Field	4.66				
16.4	980	B. Shutt	<del>20.72</del>				
25-6-19	6417	R. Wain	24.33				

*Discharge cancelled let by Shutt 20/5/19*

PARTICULARS OF RENDERING NON-EFFECTIVE: - Dis to Gen B. Shutt to B 781x MD 11 24/19 J.P.B. Dr Bal 22.54

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31-3-18	Bal. Ford								47.31		
Apr.	G.P.	33		cap				20			
				AR 4 23/4/18	2.68						
				AR. 53 30-4-18	5.35				52.28		
		33			8.03			20			
May	G.P.	34/10		AR 92 18/5	2.68			20			
				" 160 " 30/5	5.35				58.35		
		34/10			8.03			20			
June	G.P.	33		AR 217 20/6	4.46			20			
				AR. 270 30/6	3.57				63.32		
		33			8.03			20			
July	G.P.	34/10						20	77.42		
		34/10						20			
Aug	"	34/10						20			
				AA 344.392 19/8/18	11.60				79.92		
		34/10			11.60			20			
Sept.	"	33		CA P				20			
				1 <sup>st</sup> Band Div 1046 24/9/18	10.71				82.21		
		33			10.71			20			
Oct.	G.P.	34/10		cap				20			
				BR 26212 31/10/18 London	82.73						
				DR 439 30/10/18 C.A.	9.33				42.5		
		34/10			9.33			20			
Nov.	G.P.	33		AR. 484. 30/11/18 C.A.A.	11.19						
Dec.	"	34/10		AR 572 11/12/18 C.A.A.	14.73						
				AR 520. 3/12/18 C.A.A.	1.66						
		6/10			30.78						

COMPILED BY: *C. G. ...*  
CHECKED BY: *R. ...*

NUMBER

331610

RANK

lpr

NAME

BULLEN

lpr

MONTH	PARTICULARS	DR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1919	Jan	6710			3078				485		
	left towards	3410		Co. S				20			
				Co. S				20			
				Co. S				20	1467		
		1070			3078			60			
Feb	9 Pay	3080		Co. P.				20	2547		
				Co. P. 699 E. B. A. A.	39/19	746			1801		
Mar	9 Pay	3410		Co. P. Mar				20	3211		
				2N. Co. P. 755 E. B. A. A.	20/19	560					
				Co. P. 834	3/3/19	913			1738		
				Co. P. 7038 Det. Paris	17/3/19	933			805		
		6490			3152			40			
Apr	9 Pay	337		Co. P. April				20	2105		
				Co. P. 980 E. W. A. C. C.	26/10/19	3893					
				Co. P. 516 E. B. G. C. A. C.	3.4.19	436			2224		
		33			4329			20			
May & June	9 Pay	6710		Co. P. May & June				40			
				Co. P. 72881 London	3/6	487					
				Co. P. 71856	29/5	487					
				Co. P. 6417 W. A. C. C.	25/6	2433			2921		
		6710			3407			40			

4 35  
101 20  
105 45  
90 78  
14 67

4359  
2105  
2254 Dr.

108 27 1297

MARRIED OR SINGLE *Single*  
 PLACE OF BIRTH *Ashby-de-la-Zouch, Leicester, Eng.*  
 NAME AND ADDRESS OF NEXT OF KIN *Henry Bullen,  
1835 Cornwall St., Vancouver, B.C.*  
 RELATIONSHIP OF NEXT OF KIN *Father*  
 NAME AND ADDRESS OF NEXT OF KIN  
 RELATIONSHIP OF NEXT OF KIN  
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)  
 PAYABLE TO  
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. *331610* RANK *Gunner* NAME *Bullen, William Geoffrey* *20102 29/1/16*  
 IF IN PERM. CORPS WHAT UNIT UNIT *Oft. 68<sup>th</sup> Bty.* TRANSFERRED TO *2 Bde* DATE *16/12/16* AUTHORITY *1 Bde*  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Air Craft Batta<sup>on</sup>* DATE *9-2-17* AUTHORITY *Do 16 2/2/17*  
 PLACE OF ATTESTATION *Vancouver* TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION *Mar. 1<sup>st</sup>, 1916.* TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ *20<sup>00</sup>* DATE EFFECTIVE *1-6-16 of.*  
 PAYABLE TO *Canadian Bank of Commerce, Kitchener, Vancouver B.C.* RELATIONSHIP  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON  
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked *Zeh...*

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT								
			\$	c.			\$	c.			\$	c.																				No.	DATE	No.	DATE	No.
1916																																				
May	31	1 <sup>00</sup>	31		31	10	3	10							34 10	<i>May 1831 May</i>					487	487			9 74	24 36										
June	30	1 <sup>00</sup>	30		30	10	3							33	<i>1930 June</i>							20		27 30	30 06											
July	31		31		31		3	10						34 10	<i>2093 30/6 2194 14/7</i>					7 30	7 30			34 60	29 56											
Aug.	31		31		31		3	10						34 10	<i>2330 31/7 2460 15/8</i>					7 30	7 30			34 60	29 06											
Sept.	30		30		30		3							33	<i>2602 31/8 2773 15/9</i>					9 73	7 30			37 03	25 03											
Oct.	31		31		31		3	10						34 10	<i>2882 21/9 2997 12/10</i>					9 73	7 30			37 03	22 10											
Nov.	30		30		30		3							33	<i>3177 30/10</i>					2 43				22 43	32 67											
Dec.	15		15		15		1	50						16 50	<i>C.S.B. Ronelle's Gross 8590 15/1/16</i>									24 36	24 81									<i>Trans. 2<sup>nd</sup> Bde. C.F.A. 16/1/16 D.O. 102. 28/1/16. 100c.</i>		
	16-31		16		16		1	60						25 90										22 09	42 41											
	1917							50						17 60												42 41										
	Jan	31	1 <sup>00</sup>		34		10							34 10	<i>1846</i>					6 98				33 96	42 55											
	Feb 1/8	8			8		80							8 80	<i>1698</i>								20	20	31 35											
	Feb. 9/28	22	00											22	<i>31-46</i>								20	28 05	5 22	48 13									<i>To Anti-Air Craft Batta<sup>on</sup> Do 161 of 3-2-17</i>	
	Mar	31			34		10							34 10	<i>1596 2 Bde 15/1</i>					2 61		2 61		5 22	48 13											
														7 20	<i>53 27-3 12/3 16608 O.S.B 19/1</i>					2 61		2 62	8 71	39 17	43 86	23 06										
								50						368 50							60 64		49 22	15 64	325 24											

*C2 b*







LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.S).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 551).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2596).
15. Sundry Documents.

Group..... B  
 Checked by No..... 10  
 Date..... JUN 30 1919

War Service Badge  
 Class "A" No. 304103 SHORT FORM.  
**PROCEEDINGS ON DISCHARGE.**  
 (Demobilization.)



O.G. 12  
 S.G. 24  
 D.A. T

1. No. <u>331610</u>	
2. Rank. <u>Cor</u>	
3. Name. <u>BULLEN William Jeffrey</u>	
4. Unit. <u>CFA E Bally P.A.</u>	
5. Date of Discharge <u>14/7/19</u> Place <u>Vancouver</u>	
<b>DEMobilIZATION</b>	
6. Reason for Discharge.....	
1-3-16	
7. Authority. <u>No 11 dd DO 198 July 17-1919</u>	
8. Proposed Residence after Discharge <u>1835 Cornwall St</u> <u>Vancouver</u> <u>68 Bally</u> <u>BC</u>	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate	
M. F. W. ? <u>39</u>	
<u>W. G. Bullen</u> Signature of Soldier.	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place.....	
Date.....	
<u>Cecil Roberts</u> Signature..... (O. C. Discharging Unit.)	