

REGIMENTAL DOCUMENTS

NAME

BUNDY WILLIAM HENRY

REGT. NO.

931141

UNIT

2. Construction Bn. H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

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1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

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2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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1 AFW 3997

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1 DMS 1375

1 CADDC 5009A

M

See serial

H

50258

DEATH

Category

DISCHARGE

Category

Demobilization

DESERTION

*1
21-9
16-9
3-9
1*



ORIGINAL

931141

ATTESTATION PAPER. No. 2 CONSTRUCTION, B.1. C.E.F. CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname? Bundy
1a. What are your Christian names? William Henry
1b. What is your present address? Pleasant St. Amherst, N.S.
2. In what Town, Township or Parish, and in what Country were you born? Cherry Brook, Halifax Co. N.S.
3. What is the name of your next-of kin? Johanna Bundy
4. What is the address of your next-of-kin? Cherry Brook, Halifax Co. N.S.
4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? March 7, 1885
6. What is your Trade or Calling? Moulder
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Henry Bundy, 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.

Signature of Recruit: William H Bundy
Signature of Witness: W. Tomkinson
Date: Aug 10 1916

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Henry Bundy, 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.

Signature of Recruit: William H Bundy
Signature of Witness: W. Tomkinson
Date: Aug 10 1916

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 Amherst this 11th day of August 1916.
Signature of Justice: W.A. Fullerton J.P.
for the County of Amherst

Description of William Henry Bundy on Enlistment.

Apparent Age.....31.....years.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height.....5 ft. 8 ins.

Chest measurement { Girth when fully expanded.....34½ ins.
 Range of expansion.....3 ins.

Complexion.....Dark

Eyes.....Blue

Hair.....Dark

Scar on chest - beside nipple

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....Aug 11th.....1916.....C. H. Reis

Place.....Amherst, N.S......
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.

.....Wm Henry Bundy.....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.

.....C. H. Reis Capt.....(Signature of Officer)

Date.....OCT 14 1916.....1916

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931141 (Rank) Private
Name (in full) William Henry Bundy enlisted in
the No 2 Construction Battalion
CANADIAN EXPEDITIONARY FORCE at Amherst on the 10th
day of August 1916
HE served in France
and is now discharged from the service by reason of Demobilization

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

Age <u>33 years 11 months</u>	Marks or Scars
Height <u>5 feet 9 inches</u>	<u>Scar on right chest</u>
Complexion <u>Dark</u>	
Eyes <u>Blue</u>	
Hair <u>Dark</u>	

Signature of Soldier W. H. Bundy

B. W. Macdonney CAPTAIN,
O. C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT,
Issuing Officer

Date of Discharge Feb. 12th 1919. Rank

Signed at Halifax N.S. this 11th day of February 1919 Appointment

in Military District No. Six

File Reference No. _____

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

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G.O.C. District.

Service Number 931141

Rank

Spr

B

Surname BUNDY

Christian Name

William Henry

Units

CORCC

Theatre of War

France

Date of Service

17.5.17

Remarks

Cherry Brooks

Latest Address

Preston Rd.

Wartmouth.

Roll No.

B

NS

200m.-6-21.M

Page 19274

H Parker

REGT. NO. RANK NAME

UNIT AGE SERIAL NO. IN A. AND D

TOTAL SERVICE WHERE DATE AND PLACE OF OR
AND HOW LONG

DISEASE OR INJURY

OPERATIONS.....

RESULT OF OPERATIONS.....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION.....

(B) AS A TRANSFER (STATE WHERE FROM).....
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT..... IN CA

DATE OF DISCHARGE AS AN INVALID.....

DATE OF DEATH.....

DATE OF TRANSFER (STATE WHERE TO).....
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED.....

RESERVE
11/19/24
3 1922

No. 931141. RANK *Pte.*

NAME *Bundy William Henry.*

T. O. S. 10-8-16

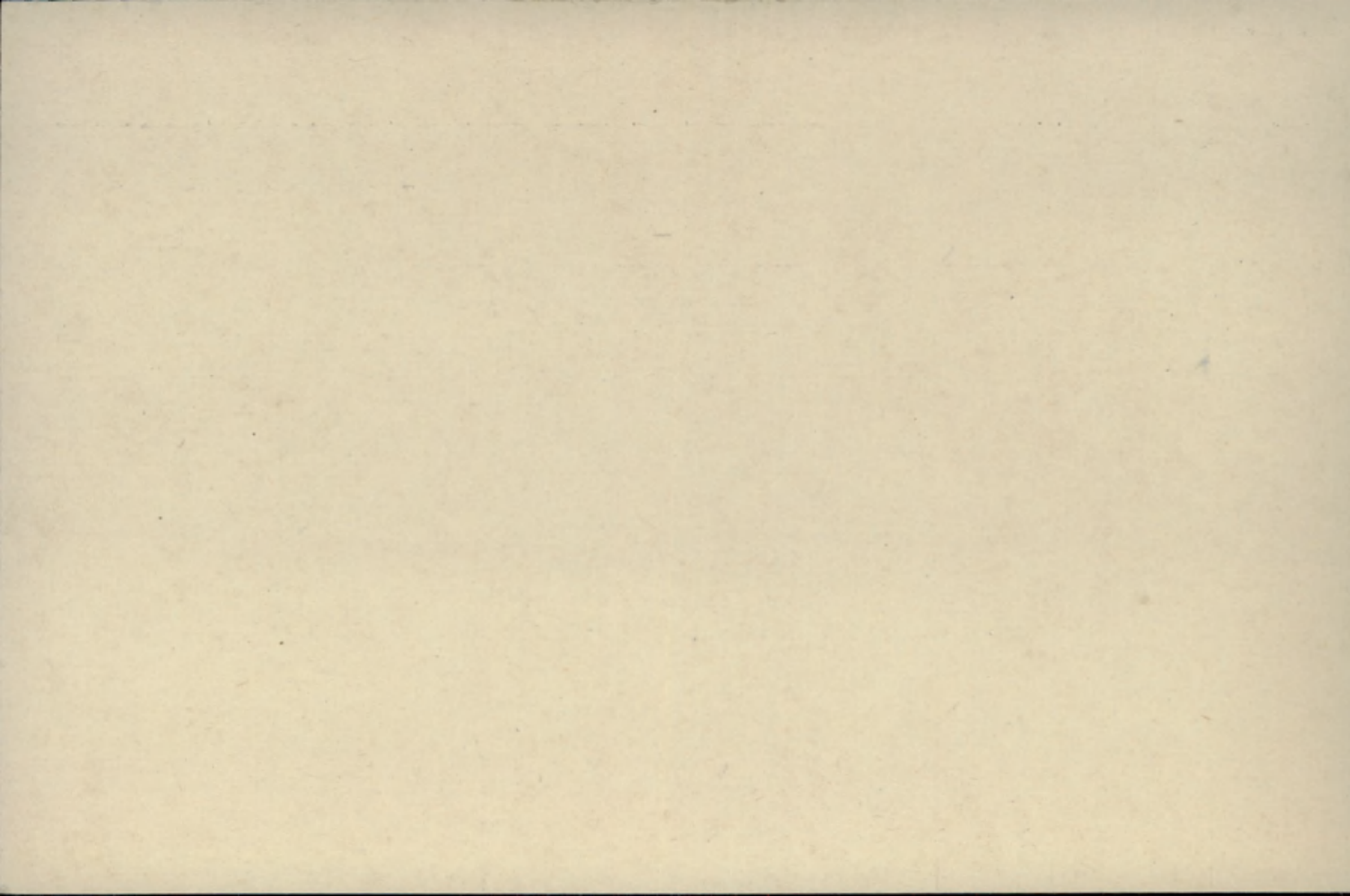
UNIT

No 2 Construction Battalion.

D.O. 14 22-8-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Aug 10</i>	<i>1916 Aug 31</i>	<i>n.</i>		
	<i>Sept.</i>	<i>n.</i>		
	<i>Oct.</i>	<i>n.</i>		
	<i>Nov.</i>	<i>✓</i>		
	<i>Dec.</i>	<i>✓</i>		
<i>1917</i>	<i>Jan 1917</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>n.</i>		



SURNAME.

Bundy

CHRISTIAN NAMES

William Henry

REGL. No. *931141*

RANK *Pte.*

UNIT *No. 2. Construction*

FORMER CORPS *nil.*

CARD NO.

4
Sos Dis Num 0612-2-19
FOLL.
NO 42 of 11-2-19
6 D 70
B.W.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Bundy, Mrs. Johanna

RELATIONSHIP TO SOLDIER

mother

ADDRESS

Cherry Brook, Halifax, N.S.

COUNTRY OF BIRTH

Canada Halifax Co., N.S.

DATE

Mar. 7th 1885

PLACE OF ATTESTATION

Amherst, N.S.

DATE

Aug. 11th 1916

9/28-3-17

*1/6 25-1-19 25⁶ (Pte)
66*

From Halifax S.S. Southland 38-3-17

MARRIED

SINGLE

Yes,

WIDOWER

TRADE OR CALLING

Moulder

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

31

YEARS

—

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

34 $\frac{1}{2}$

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Dark.

DISTINGUISHING MARKS

scar on chest beside nipple.

MEDICAL EXAMINATION.

PLACE

Amherst, N.S.

DATE

Aug, 11th 1916

Present Address:-

Pleasant St., Amherst, N.S.

*Name Bundy, W^m Henry Rank Lt Col Regtl. No. 931141

Original unit 2nd Const Bn Present unit 7th 6th Bn N. or S. Age 33 Religion Baptist Fyle Depot..... Ref. H.Q.....

Port, ship, and date of arrival Felipe Empress of Britain 22/1/19.

Next of kin Mrs J. Bundy (Mother)

Address on leave Cherry Brook, Preston Rd., Dartmouth.

Address on discharge Preston Rd. Dartmouth.

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation Householder Date and place of enlistment Aug 10/16. Amherst.

Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
12/1/19	Y.O.S. 7 th 6 th Bn.	2029
22/1/19	Posted to Casualty Co.	2029.
12/2/19	Discharged at Felipe	2042
		11-2-19.

*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. 931141 Rank L/Plt Name Bundy Wm.
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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				
12.1.19	O'Leary	110/S. No. 6 D. W. Hlfr. Coy Co.	22.1.19	Do	<u>Wm. Ferguson</u> ASST. ADJT. No. 6 DISTRICT DEPOT
12-2-19	Discharged at Halifax	DO 42	11-2-19		<u>G. W. Macaloney</u> CAPTAIN. O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT

(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.

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

C. W. W.

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps M 2 Construction Batt

Regimental No. 931141 Rank pte Name William Henry Bundy

Enlisted (a) 10-8-16 Terms of Service (a) period of War and six months Service reckons from (a) 11/8-16

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				
		Embarked, Canada	Halifax N.S.	25/3/17	
		Disembarked, England	Liverpool	7/4/17	
		Proceeded Overseas	Seaford	17/5/17	<u>At 2. 20th</u> <u>Draper Capt</u> <u>for Capt & adjt</u>
		Landed in France	France	17-5-17	N.B.
<u>21st/17</u>	<u>OC</u>	Forfeits 5 days pay for making away with iron Rations	France	<u>21st/17</u>	<u>B-2064 Pr-20 119 25th/17</u>
<u>16/2/18</u>	<u>OC</u>	Granted 14 days leave to Paris	Paris	<u>12/2/18</u>	<u>B213 P29511 of 25/2/18.</u>
<u>2/2/18</u>	"	Repd. from leave	Unk.	<u>24/2/18</u>	<u>B213</u>
<u>23/11/18.</u>	"	on 14 days leave.	U.K.	<u>17.11.18</u>	<u>B213. P68.</u>

CERTIFIED CORRECT,
 JUN. 1917
 CAN. RECORDS, LONDON.

(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, Shoehing 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				

11/12/18. aag. Trans to England & Posted to U.S. Reg. Depot Bramshott 14/12/18. K. R. 344.
 Lieut. for Lt.-Col., A. A. G.
 Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

14.12.18 N.S. R. D. I.O.S. & attached to 2 C. C. D. B'shatt 14.12.18 D.O. 305.
 for Qrs & Rations

NSRD ON COMMAND TO CDD Kimmel Rhyf. BRAMSHOTT PART II D.O. NSRD 313 27/18

ba. Knight LIEUT.
 OFFICER IN CHARGE,
 NOVA SCOTIA REGTL. DEPOT.

12/11/19 S.O.S. O.M.F. 6 on transfer to 6 C.C.D. Discharge Canada sailing No 4 Rm Hammont lieutenant Embarked - England 12/11/19

JM

Rank **BUNDY, William Henry.** Reg'l No. **931141**
 Unit No. **2 Const. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Amherst. 10th Aug 1916.** Place of Birth **Cherry Brook,**
Halifax Co., N.S.
 Name and Address, Next-of-Kin **Johanna Bundy.**
Cherry Brook, Halifax Co., N.S. Relationship **Mother.**

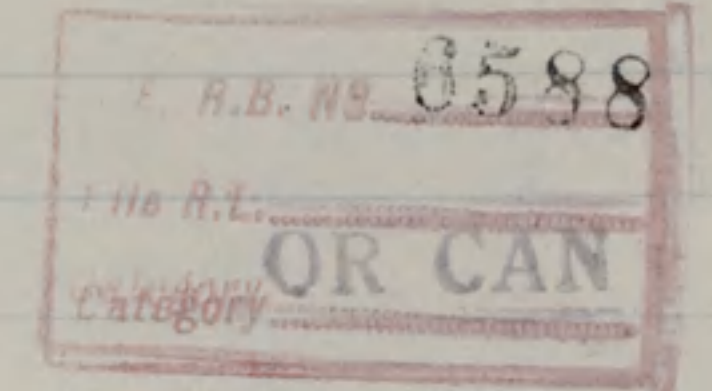
Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

Relationship

Relationship



Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England via S.P. Southland		7.4.17	Arrived
14-6-17	#2 C.C.E.	Arrived in France	Chield	19-5-17	115
16-12-18	NSRD.	T.O.S. from 2 nd Coy	Pte Bishott	14.12.18	00305471 / 2 COCY. 2/19.12.18
27-12-18	NSRD	of C to C.D.D Rhyll		27-12-18	-313
25.1.19.	NSRD	cases of to Rhyll & SOS .. to C.D.D. Canada		12.1.19	-18.

A.F.B. 003 CHECKED
28 MAY 1917

60

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

MD6

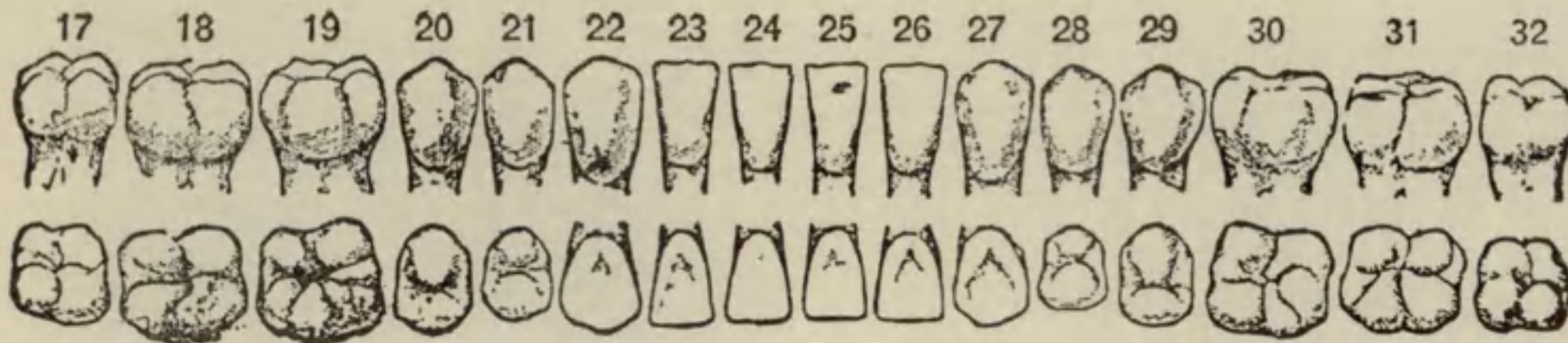
NAME OF SOLDIER (Block Letters) BUNDY W H

REGIMENT No 2 Const Bn RANK Pte No. 931141

Date of Examination in England 31/12/18 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
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

Full

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 *- 25*
- (c) In France

KINMEL PARK, NORTH WALES

Signature of Dental Officer *[Signature]*

THE STATE

W H

FOUNDED

1800

18

1800

1800

THE STATE OF NEW YORK
IN SENATE
January 18, 1800

REPORT
OF THE
COMMISSIONERS OF THE LAND OFFICE

ALBANY: 1800

1800

1800

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 931141 Rank L/Cpl Surname Bundy
(Given name in full)
Wm. Henry
 Unit or Corps A.D.#6 Birthplace Dartmouth N.S.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique ... good Weight 150 lbs. Height 5 ft. 9 in. Colour of Eyes dark brown,
 Nutrition ... good
 Pulse ... 80
 Condition of arteries ... good
 Vision Rt. ... good Left ... good
 Hearing (conversational voice) Rt. 15 ft.
 Left 15 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
Scar on right chest

Opinion as to general health and physical condition.....

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System ... No Genito Urinary System ... No Cardio-Vascular System No
 Special Senses ... No Integumentary System ... No Respiratory System ... No
 Disturbance of mentality No Muscular System ... No Digestive System ... No
 Osseous and Joint System No Any other general condition ... No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Preston Rd. Dartmouth, N.S.

(If space is insufficient, continue on back of form.)

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas)

Date

SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at *Halifax*(Canada)

Date *10-2-19*

Signed *D. G. McAnulty*M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature *W. H. Bundy*

(If not satisfied, M.F.B. 227 will be completed by a Medical Board).

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *William* 2. Surname *Bundy*
3. Rank *Lt / cpl* 4. Original Unit *#2 const bn* 5. Reg. No. *V931141*
6. Address, in full, to which future payments of gratuity are to be forwarded
Preston Road
Dartmouth N.S.
7. Date of enlistment in the C.E.F. *10-8-16*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *no*
9. Relationship of such dependent *—*
10. Address, in full, of such dependent *—*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *—*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
yes #2 Const Bn 17-5-17 to 11-12-18
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *no*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *no*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *from 10-8-16*
#2 Const Bn Canada, England, France
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units no
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid no
20. Have you been issued with a War Service Badge? If so, what class? no
21. Have you, during the present war, served in the Imperial Forces? no
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? no
- (b) If so, was such reversion in consequence of misconduct or inefficiency? no
24. Are you now serving in the C.E.F. no If not, give:—(a) Date of discharge February 12, 1919 (b) Reason for discharge Demobilization
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit. yes
1st Canat Bn 17-5-17 to 11.12.18
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
- (b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: M. H. Dundy

Place of Residence: Preston Road, Dartmouth N.S.

Declared before me at: Halifax, N.S.

This 11 th day of February 1919.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

R. L. Huastie
A Commissioner of the Supreme Court in and for the Province of Nova Scotia.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<u>Acotblea</u>	<u>same</u>	<u>same</u>	<u>153.00</u>	<u>2.80 00</u>
<u>First payment w/ gratuity</u>				

Certified Correct.

District Paymaster.

For Paymaster, M. D. 6

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number.....

(3) Full Name of Soldier.....

(4) Place of Birth.....

(5) Are you married, or not?.....

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?.....

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

200M.-3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address X

(10) Is your Mother alive? Yes

If so, state name and address Yes Mrs Johannah Bundy
Preston Road, Halifax, U.S.

(11) If your Mother is a widow Yes

Are you her sole support, or not? No

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

X

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

X

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

X

(15) Are you insured? No

If so, in what Company? X

Have you made arrangements for payment of your Insurance premium? X

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

H. D. Aire Capt
Lieut-Col.
No 2 Construction Coy, C. E. F.

Officer Commanding.

Date MAR 3 1917

Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank. Cpl. Name. Bundy Surname. William H.
 Unit or Corps. 2nd C. C. D. (If a soldier) Regt. No. 931141
 Born at. Cherry Brook on, date. Seventh March, 1883.
 Signature (for identification). W. H. Bundy

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. no

Weight 160 lbs.
 Height 5 ft. 9 ins.

2. **NUTRITION AND DIATHESIS?** good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?** no

4. **RESPIRATORY SYSTEM.** no

5. **HEART?**

Abnormal Sounds? no
 Abnormal Size? no
 Pulse Rate? 64 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM?** no

8. **GENITO-URINARY SYSTEM?** no

Urinalysis—s.g.? 1022 Reaction? ac Albumen? no Sugar? no

9. **SKIN, MIDDLE EAR, EYE**
 or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? good

Examined at. Kenner Park. Signed. W. Stephens Capt. M.O.
 Date. 2 1 19 Signed. W. H. Bundy M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination report bearing the name of
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

William R.
1911-12
[illegible]

Cherry Brook
[illegible]

2
[illegible]

Resumed [illegible]

ORIGINAL 931141 MEDICAL HISTORY SHEET

Surname Bundy Christian Name William Henry

Examined { on 22 day of Aug 1916
 at Pelou 28.
 Birthplace { City or Town Amherst
 County Cum Co. N.S.

Approved by J. M. Murray
 Rank Private M.O.

Apparent age 31
 Trade or occupation Moulder
 Height 5- feet 8 Inches
 Weight 160 lbs.
 Chest measurement { Minimum 32 inches
 Maximum expansion 3 1/2 inches
 Physical development Good
 Small-pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
 Number none
 When Vaccinated last never
 (a) Marks indicating congenital peculiarities or previous disease none

Date	Result	VACCINATIONS
<u>10/3/17</u>	<u>2497</u>	<u>Dale Murray</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>5/10/16</u>	<u>P.S.R.</u>	<u>H.V. Keet Mappraul</u> M.O.
<u>1/11/16</u>	<u>P.S.R.</u>	<u>H.V. Keet Mappraul</u> M.O.
<u>2/11/16</u>	<u>P.S.R.</u>	<u>H.V. Keet Mappraul</u> M.O.

Enlisted on 10 day of August 1916 at Amherst N.S.

	CORPS	REG'T NUMBER	HABITS	DATE
Joined on enlistment		<u>931141</u>		<u>8/22/16</u>
Transferred to				

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.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 27
(Assignee)

L. L. Job 5470—Req. 6888.

Mrs Johannah Bundy

PAYMENTS.

Name of Soldier

Bundy Wm. Henry
No 931141
Pte 2nd const Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>10⁰⁰</i>	
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>Z 4708</i>	<i>10</i>	
May		<i>P 6719</i>	<i>10</i>	<i>10 45</i>
June		<i>Y 13648</i>	<i>10</i>	<i>10 45</i>
July		<i>S 20812</i>	<i>10</i>	<i>C S 20812 Remailed 19/7/17 b L</i>
Aug.		<i>V 27097</i>	<i>10</i>	<i>B</i>
Sept.		<i>U 33349</i>	<i>10</i>	<i>B</i>
Oct.		<i>W 48733</i>	<i>10</i>	<i>40 00</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
ASSIGNED PAY AUDITED
M
AUDIT CLERK
DATE *19/5/19*

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

To Whom *Mrs. Johannah Bundy* By Whom Assigned *Bundy Wm. Henry*
 Address *Preston Road* Regtl. No. *931141*
(Auth. Home Coll. 6.2.18-7-17) *Cherry Brook* Rank *Pte*
Halifax, N.S. Corps *No 2 const Bu*
 Rate *10⁰⁰*

APR 1917

PAYMENTS

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

CANADIAN
 ASSIGNED PAY AUDITEE
 AUDIT CLERK
 DATE 1917/7/17



第 一 章 緒 論

一

1. 緒 論
2. 研究之目的
3. 研究之範圍
4. 研究之方法
5. 研究之結果

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

15169

April 1/17

OVERSEAS CONTINGENTS

B

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

10			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. **931141**
 Rank **Pls** Promoted Reverted Discharge
 Soldier's Name **Wm Henry Bundy**
 Battalion **No 2 Const Battr**
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name **Mrs Johannah Bundy**
 Address **Preston Rd Cherry Brook**
 Change of Address **Halifax N.S.**
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Oct 31. 1917			70	70	
Nov	C 55392		10	10	
Dec	C 64812		70	10	M
Dec	D 62076		10	10	
Jan	E 59646		10	10	
Feb	C 98331		10	10	
Mar	a 105618		10	10	
Apr	a 2825		10	10	B
May	H 17496		10	10	
June	E 16490		10	10	
July	V 32096		10	10	
Aug	E 28901		10	10	
Sept	H 43136		10	10	
Oct	F 46664		10	10	
Nov	B 58201		10	10	
DEC	M 62732		10	10	
Jan 19	H 73826		10	10	
Feb			220	220	

2439- W- 26

Cheque 42 Posted in error 10/12

CANADIAN ASSIGNED PAY AUDITED
1917/19
 AUDIT CLERK



M. F. W. 128
 40601-6-17-1772-39-1141
 L. L. 2320-M. & D. 1483.

A/c Closed 31-1-19
 Ret'd per *Emp of Britain*
 Date 22-1-19 F.X. 29-1-19
 M.G. G. Clerk *E. Bradley* MRO 66121

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.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

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

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	1 st April 1917.	EFFECTIVE DATE:-	
AMOUNT:-	10 ⁰⁰	AMOUNT:-	

NAME:- *BUNDY, William Hy.*
NUMBER:- *931141*

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.

*Mrs. Johannah Bundy - Mother,
Preston Rd Cherry Brook
Halifax N.S.
Stopped 1.1.19*

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>9th</i>

UNIT AND TRANSFERS
ORIGINAL UNIT:- *2 Construction Bu*
DATE ACCOUNT FIRST OPENED:- *1st April 1917*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
<i>111</i>			<i>Canada</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>4/1/18</i>	<i>6597</i>	<i>25 Frances</i>	<i>4/6</i>				
<i>4/1/18</i>	<i>3564</i>		<i>2/6</i>				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>

PARTICULARS OF RENDERING NON-EFFECTIVE: *Discharged to Canada 31/1/18*

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>MAR</i>	<i>Balford</i>								<i>84 95 60</i>		
<i>apl</i>	<i>Payra.</i>	<i>33</i>		<i>Ass Pay</i>				<i>10</i>			
				<i>AR 2 8/4 CFC fura</i>	<i>3 57</i>				<i>100 81 65</i>		
				<i>264 27/4 - " -</i>	<i>3 57</i>						
<i>May</i>	<i>pp.</i>	<i>33</i>		<i>Ass Pay</i>	<i>7 14</i>			<i>10 -</i>			
				<i>AR 405 9/5 CFC fura</i>	<i>3 57</i>				<i>117 77 70</i>		
				<i>AR 419 23/5 - " -</i>	<i>3 57</i>						
<i>June</i>	<i>P. Pay</i>	<i>33</i>		<i>Ass Pay</i>	<i>7 14</i>			<i>10 -</i>			
				<i>AR 906 7/6 CFC 5</i>	<i>3 57</i>				<i>133 63</i>	<i>75</i>	
				<i>868 27/6</i>	<i>3 57</i>			<i>10</i>			
<i>July</i>	<i>PPay</i>	<i>34 10</i>		<i>Ass Pay</i>	<i>7 14</i>			<i>10</i>			
				<i>AR 946 10/7 CFC 5</i>	<i>3 57</i>				<i>150 59 80</i>		
				<i>AR 1070 25/7</i>	<i>3 57</i>			<i>10</i>			
<i>Aug</i>	<i>PP</i>	<i>34 10</i>		<i>Canada</i>				<i>10</i>			
				<i>AR 1253 10/8 CFC 5</i>	<i>3 57</i>				<i>167 55 85</i>		
				<i>AR 1480 25/8</i>	<i>3 57</i>			<i>10</i>			
<i>Sep</i>	<i>PP.</i>	<i>33</i>		<i>Canada</i>	<i>7 14</i>			<i>10</i>			
				<i>AR 1670 5/9 CFC 5</i>	<i>3 57</i>				<i>183 41 90</i>		
				<i>AR 2014 24/9</i>	<i>3 57</i>			<i>10</i>			
<i>Oct</i>	<i>P. Pay</i>	<i>33</i>		<i>Canada</i>	<i>7 14</i>			<i>10</i>			
				<i>2284 12/10</i>	<i>3 73</i>				<i>200 05</i>	<i>95</i>	
				<i>2315 26/10</i>	<i>3 73</i>			<i>10</i>			
					<i>7 46</i>			<i>10</i>			

CANADIAN
 ASSIGNED PAY AUDITED
OK Stewart
 AUDIT CLERK
 DATE *19/5/19*

List of Discharge Documents.


Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron Battery } Company }	Conduct Sheet, " B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Medical Report for Invalid*	" B. 227.	(a) Proceedings on Discharge.	
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.	(b) Attestation.	
*Only if discharged "Medically unfit."		(c) Medical History Sheet (in the event of such having been prepared.)	

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No.	931141		
Rank	Private		
Surname	Bundy		
Christian Name	William Henry		
<small>NORE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>			
Corps (Squadron, Battery or Company)	No 2 Construction Battalion		
Date of Discharge	February 12 th 1919		
Place of Discharge	Halifax, N.S.		
1. DESCRIPTION AT THE TIME OF DISCHARGE.			
Age	33	years	11 months.
Height	5	feet	9 inches.
Complexion	Dark		
Eyes	Blue		
Hair	Dark		
Trade	Labourer		
Intended place of residence	Preston Road		
(To be given as fully as practicable.)	Dartmouth, N.S.		
Descriptive Marks 			
Scar on right chest			
2. The above-named man is discharged in consequence of			
<i>Demobilization</i>			
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>			
3. Conduct and character while in the service have been, according to the records, etc.			
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>			
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)			

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Halifax N.S. W.H. Bundy (Signature of Soldier.)

(Date) 11/2/19 J. D. Davie (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Halifax N.S.

(Date) February 12, 1919

(Signature) J.S. Davie

LIEUT. COL.

No. 6 DISTRICT DEPT.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

W.H. Bundy

Reg. Conduct Sheet	Form B. 203	1
Statement of Man's Account on Transfer and Last Pay Co.	Form B. 204	1
Medical Report for Invalidity	Form B. 205	1
Medical History Sheet (in duplicate)	Form B. 206	1
Copy of Certificate of Discharge	Form B. 207	1
Proceedings on Discharge	Form B. 208	1
Attestation Paper	Form B. 209	1

M. B. - In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of sum to be noted hereon.