

ATTESTATION PAPER.

No. 181095

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? *Sullivan*
- 1a. What are your Christian names? *William*
- 1b. What is your present address? *Clivedale, Sarnick, Ponceville Island, P.C.*
2. In what Town, Township or Parish, and in what Country were you born? *West Ham, London, England*
3. What is the name of your next-of-kin? *Mrs. J. P. Sullivan*
4. What is the address of your next-of-kin? *Longwood, P.O. Clivedale, Sarnick, P.C.*
- 4a. What is the relationship of your next-of-kin? *Wife*
5. What is the date of your birth? *12/25/1877*
6. What is your Trade or Calling? *Fireman*
7. Are you married? *yes 38*
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*
If so, state particulars of former service.
11. Do you understand the nature and terms of your engagement? *yes*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Sullivan*, 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. Sullivan* (Signature of Recruit)

Date... *22/2/1916* *J. Walpole* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Sullivan*, 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. Sullivan* (Signature of Recruit)

Date... *22/2/1916* *J. Walpole* (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... *Victoria, N.C.* this... *22nd* day of... *February* 191*6*

..... *H. R. Miller* (Signature of Justice)
Light.-Col Commanding
88th Battalion Victoria Fusiliers C.E.F.

Description of William Sullivan on Enlistment.

Apparent Age 39 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. 1 1/2 ins.

Chest measurement { Girth when fully expanded 39 ins.
 Range of expansion 3 ins.

Complexion Ruddy

Eyes Blue

Hair Brown

Religious denominations { Church of England
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic no
 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 declares that he is not subject to fits of any description.

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

Date 21/2/1915 1915

Place Adrian NC

..... Lt. Col. [Signature]
 Capt. [Signature]
 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 Sullivan 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)

Lieut.-Col. Commanding
88th Battalion Victoria Fusiliers C.E.F

Date 21/2/1915 1915

REGIMENTAL DOCUMENTS

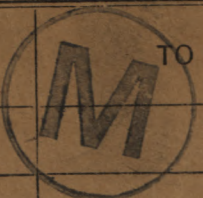
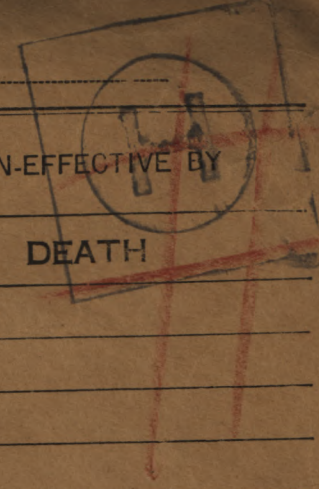
4/1/19

NAME SULLIVAN

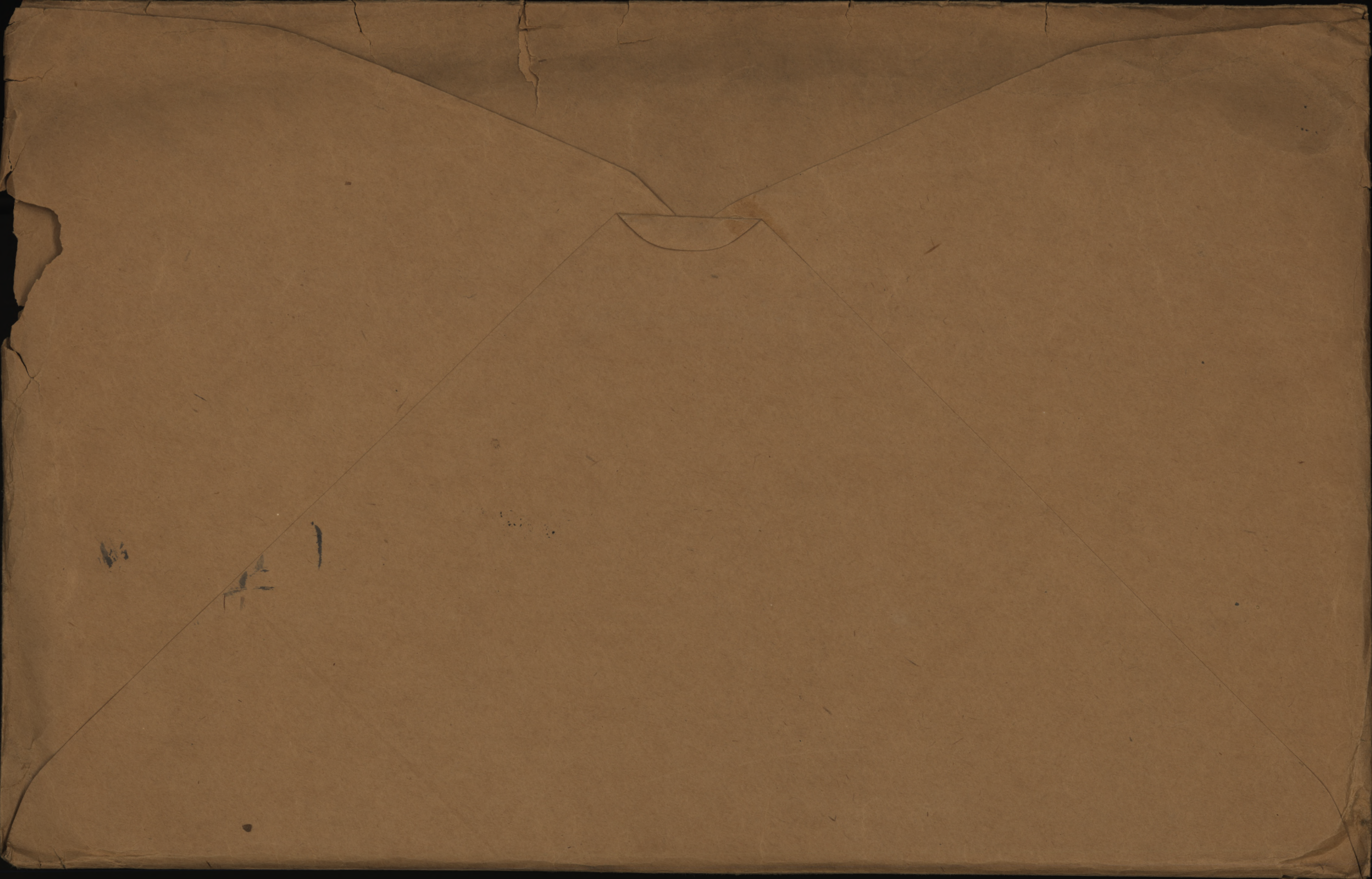
WILLIAM

REGT. NO. 181095

UNIT C.A.M.C. H. Q. FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob.</i>
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
7 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				48884	13-9
1 Dent. Cert.					13-9
2 miscell					9-14
2 CD 3					
1 2149					
1 1000					
1 R-122					
1 misc					



SURNAME.

Sullivan.

J. II CARD NO.

CHRISTIAN NAMES

William

5'00" 30-7-19 Demol.

REGL. No.

181095

RANK

Pte.

FOLL. *NO. 213 of 1-8-19, 11-20*

UNIT

88th

Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Sullivan, Mrs. L. M.

RELATIONSHIP TO SOLDIER

Wife.

AD

527, Grove St; Vancouver, B.C.

and S.A. 4. P. 7-5-19.

COUNTRY OF BIRTH

England, West Ham, London

DATE

May 12th 1877.

PLACE OF ATTESTATION

Victoria, B.C.

DATE

Feb, 21st 1916.

Sailed from Halifax

per S.S. "Olympic"

L. L. 94504. M. & D. 6512

31-5-16 ⁴⁴⁰/₃₆

M. F. W. 22. 250M.-2.16. H. Q. 1772-39-330

TR/6-24-7-19-374. pte!

MARRIED

yes.

SINGLE

WIDOWER

TRADE OR CALLING

Fireman

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

33

YEARS

—

MONTHS

HEIGHT

5

FEET

7 1/2

INCHES

CHEST MEASUREMENT

33

INCHES

EXPANSION

3

INCHES

COMPLEXION

Ruddy

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Victoria, B. C.

DATE

Feb. 21st 1916.

*Present Address. Cloverdale Sannick,
Vancouver Island, B. C.*

No. 181095 RANK *Pte.*

NAME *Sullivan W*

~~T. O. S.~~ UNIT *88th Battalion*
shown as transf'd from
88th Regt 21-2-16
(No. 44422-2-16)

M. D. *11*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Feb 21</i>	<i>Feb 29</i>	<i>✓</i>	<i>2 Days Pay.</i>	<i>May Paylist.</i>
<i>Mar</i>		<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May.</i>		<i>✓</i>		
<i>June.</i>		<i>✓</i>		
			<p>UNIT SAILED</p> <p>MAY 31 1916</p>	



MD
MD

B

Number 181095 Rank PT

Surname SULLIVAN

✓

Christian Name William

Units 47th Bu Coy Theatre of War France

Date of Service 15/6/17

Remarks

Latest Address ~~527 Grove St~~
~~Vancouver~~

Roll No. ~~B~~ ~~BC~~

200m-2-21.M. *Page 10823* 1917. 3rd Ave East
Vancouver - B.C.

DESP. FEB 28 1922

REGN. No. 4914

Name *SULLIVAN*Rank *Pte.*Reg. No. *181095*Unit *47 TH BN.*Next of Kin *Canada**William*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>30-10-17</i>	<i>no 13 Coy</i>	<i>Trench</i>	<i>1st</i>	<i>A 50</i>		<i>6854</i>
<i>31-10-17</i>	<i>no 7 S H. Abbeville</i>		<i>do</i>	<i>B 58</i>		<i>HA15883</i>
<i>11-11-17</i>	<i>1 mt. Hoburn</i>		<i>do</i>	<i>B 61</i>		<i>5754</i>
<i>2-2-18</i>	<i>M. C. A. Chom</i>		<i>-do-</i>	<i>B 30</i>		<i>11741</i>
<i>22-4</i>	<i>Discharged</i>		<i>do</i>	<i>B 197</i>		<i>4621</i>
<i>M.S.P.</i>						

NAME

Sullivan W.

RANK AND CORPS

Pl. 47th Bn

REG'TL No.

181095

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A56	no 13 Can. Hdqrs	30-10-17	Trench feet
A587	no 2 Staly Abberville	31-10-17	Trench feet (BC. Right)
B.64.	Mil. Woburn.	11.11.17.	" " (")
B130 ²	20 mil Com. W' Wood Pk. Epsom.	2-2-18.	Trench feet. Sev.
B197	Disch	22-4-18	" " "

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

Sullivan -

W.

181095-

RANK

UNIT

Co.

TROOP

BATTY.

pt -
HOSPITAL

47-

B.C.

DATE OF ADMISSION

13 Cav Fld Amb -

30-10-17.

2 Stat Abberville.

HOSP. 31.10.17.

1.

Woburn, Mil.

11-11-17

2.

me, con. Hop Epsom

HOSP 2.2.18

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Ulcer Feet ^{res.} _{1/4}

1

2

3

DISPOSITION

Dis. 22. 4-18
DATE

7-11-17-256(5)

REMARKS

9.11.17. 458(2)

6.11-17. 664(2)

5.2.18 B130-11

26-4-18 B197(2)

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

T
C.D.C. 3009A

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

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Black Letters) SULLIVAN W.
REGIMENT C. A. M.C. RANK Pte No. 181095
Date of Examination in England 9-6-19 Date of Examination in France _____



R
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 2.6.18.19.
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES _____
(a) Full Upper _____
(b) Part Upper _____
(c) Full Lower _____
(d) Part Lower _____

Gee
For A. D. D. S., M. D. No. 11

- 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 Yes
 - (c) In France _____

Signature of Dental Officer J. Ross Laph

S/120477 A Butler

Original 69

ORIGINAL

MEDICAL HISTORY SHEET 181095

Surname Butler Christian Name William

Examined { on 21st day of February 1916
at Belmont BC

Approved by [Signature] Rank Capt M.O.

Birthplace { City or Town West Ham
County London England

Apparent age 39 years

Trade or occupation Fireman

Height 5 Feet 3 1/2 Inches

Weight 167 Lbs.

Chest measurement { Minimum 36 inches

{ Maximum expansion 39 inches

Physical development Good

Small-Pox Marks Nil

Vaccination Marks { Arm Right Left
Number 11

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Prob marks on back and
body generally. Choker jaw?

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.	M.O.
<u>17.4.18</u>	<u>OK</u>	<u>Belmont</u>	<u>5 NOV 1917</u>

Date.	Result.	VACCINATIONS.	M.O.
<u>2/16</u>	<u>+</u>	<u>LFT</u>	

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>10/4/16</u>	<u>OK</u>	<u>LFT</u>	
<u>20/4/16</u>	<u>OK</u>	<u>LFT</u>	
<u>1/5/16</u>	<u>OK</u>	<u>LFT</u>	

Enlisted on 21st day of February 1916 at Belmont BC

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>88. Reg. V.P.</u>			
Transferred to	<u>88. B. Coy. 181095</u> <u>47th Bn</u>			<u>21-2-16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Seaford</u>	<u>11.5.17.</u>		<u>H.V. Smith Capt.</u>
	<u>17.5.17.</u>	<u>Haemorrhoids</u>	<u>A. J. A. Oulton Capt. CAMC. DT.</u>
<u>Epsom</u>	<u>11-4-18</u>	<u>Trench Feet</u>	<u>[Signature]</u>

3rd C.E.D. Seaford. 23-8-18. " " Category 13 II

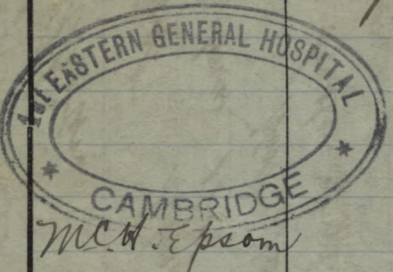
N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

9th Can. Sen B Coy 1812118 21-4-19 Varelose Series

Kennerly Del Has. 21-4-19 Varelose Series

CANADIAN

Surname *Sullivan* Christian Name *William*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Botum Milit^y Hosp^l</i>		<i>11</i>	<i>11</i>	<i>17</i>	<i>6</i>	<i>12</i>	<i>17</i>	<i>Trench Feet</i>	<i>25</i>	<i>No gangrene Recovered</i>	<i>J. H. M. B.</i>
		<i>6</i>	<i>12</i>	<i>17</i>	<i>1</i>	<i>2</i>	<i>18</i>	<i>Trench Feet</i>	<i>57</i>	<i>Frank A Woodcote R.R. Epsom</i>	<i>Gen. H. Key</i> CAPTAIN, R.A.M.C. (T.) REGISTRAR For S.S.
		<i>1</i>	<i>2</i>	<i>18</i>	<i>22</i>	<i>APR</i>	<i>1918</i>	<i>Trench Feet.</i>	<i>81</i>	<i>On admission - has feet bamed in 1911 since then they have been very susceptible to cold. circulation not good, Haemorrhoids. Present condition Haemorrhoids. No small protruding pile, bleeding feet have recovered from the swelling and Pain. S.M.B. recommends Category Bii temporarily Di</i>	<i>B. Babonne</i> Capt., O.A.M.C. M.O., No. 2 Division.

11
C9

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	181095	Pte	Sullivan	W
Year	Unit.		Age.	Service.
1918	49th			

Station and Date.

Disease Trench Feet.

Convalescent Hospital,
 Woodcote Park, Epsom.

2/2/1918. Patient had his feet burnt in 1911 never since then his feet have been very sensitive to the weather. At present feet are fairly good but as soon as they get cold they get numb. Circulation is not any too good. He complains also of Haemorrhoids Massage + h. S.

J. G. Campbell, Capt., O.A.M.C.
M.O., No. 2 Division.

4th Feb. 1918. H. 2. Co. Fat 5.
 16-2-18. H. 2. Co.
 21-2-18. H. 2. Co. Improving.
 22-2-18 In. J. fit. R. G.
 25-2-18. H. 2. Co.
 4 March 1918. H. 2. Co. Complains of feet still and
 of pain
 11-3-18. H. 2. Co.
 18-3-18. H. 2. P. T.
 25-3-18. H. 2. Co. Feet still tender underneath the toes alright as long as hasn't to walk very far. Employment Board

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 88th Battalion Regimental Number 181095

*Substantive Rank _____ Surname Sullivan Christian Names William

*Acting Rank _____
(*To be entered in pencil to facilitate alteration.)

To be folded on this line.

Nothing to be written in this margin.

(B26983.) Wt. W. 9688-P. 2068. 500,000. 3/19. S. & S., Ltd. E. 4602.

(A) Report.		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders.	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.	Place of casualty.	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer.
			Arrived in England 8 th June 1916			S.S. Olympic
17.7.16	O.C. 30 th Bn	DO 182	T.O.S. 30 th Bn (Res)			E. Sandling 14.7.16
16.8.16	"	" 212	For duty under inspector of arms & ammunition and will be shown in command	"		9.8.16
9.8.16	C.A.I. & R.D.	" 19	Att. from 30 th Res Bn	Greenwich		9.8.16
29.10.16	30 th Bn	" 285	S.O.S. to C.A.I. & R. Dep.			E. Sandling 24.10.16
30.10.16	C.A.I. & R.D.	" 99	T.O.S.	Greenwich		24.10.16
10.5.17	"	" 130	S.O.S. to B.C. Reg. Depot	"		10.5.17
12.5.17	B.C.R.	" 64	T.O.S. & detached to Dep. Co	Seaford		11.5.17
24.5.17	"	" Res. 76 139	S.O.S. to 1 st Res.	"		23.5.17
17.6.17	1 st Res	" 47 th 78+86 165	S.O.S. to 47 th Bn Ofs.	"		15.6.17
6.11.17	136 Regt	C.L.A. 56	No 13 Cdr Field Amb.	Field		30.10.17
8.11.17	"	" 58	No 2 Stationary Hosp.	Abberville		31.10.17
15.11.17	"	" 64	Military Hosp.	Woburn		11.11.17
19.11.17	B.C. R.D.	P.I.O. 243	Invalided & T.O.S. 47 th Bn.	Seaford		11.11.17
24.4.18	"	" 99	On command 3 rd C.C.D.	"		24.4.18
30.5.18	"	" 129 CO 125	ceases on command 3 rd C.C.D. & S.O.S. to Camb.	"		30.5.18

REVERSE AND CASUALTY FORM (REV. 11-1-17)

(A) Report.		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	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.	Place of casualty.	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer.
31.5.18	Comd Dep.	DO 151	T.O.S. on trans. from BGRD.	S'cliffe	30.5.18	
21.6.18	"	" 9 th SH. 135 ¹⁷²	S.O.S. on posting to No 9 Coy.	"	22.6.18	
8.5.19	Comd C.C.	" " 33 ¹⁰⁷	T.O.S. from 9 th B.G. N.	Burhill	5.5.19	
26.5.19	T Wing CCC	" " 39	T.O.S. pending return Com.	Witley	24.5.19	
28.5.19	Comd C.C.	" " 124	S.O.S. R Wing CCC Witley	"	24.5.19	
16.5.19	"	" " 114	S.O.S. 666 B'shall for return to 47 th Battalion	Gooden Camp	15.5.19	

Certified Correct

J. C. Cochrane Lt Col
FOR LT COL. IN RECORDS, C.O.M.F.

1/5/19 Rth Wing M.D.O.
Rth Wing

T.O.S. WITLEY
EMBARKED S.S. REGINA TO CLF C
LIVERPOOL JULY 15th 1919
DISSEMBLED JULY 28th 1919

5/5/19
DI 15/7/19
OFFICER IN RECORDS
R. WING C.C.C.
WITLEY.

Nothing to be written in this margin.

CANADIAN EXPEDITIONARY FORCE

War Service Badge

Class "A" No. 176836

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 181095 (Rank) Pte

Name (in full) SULLIVAN William enlisted in
the 88th Bn

CANADIAN EXPEDITIONARY FORCE at Victoria on the 21st
day of February 1916

HE served in France C.A.M.C.

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 42 yrs 1 month

Height 5 ft 9 1/2"

Complexion Ruddy

Eyes Blue

Hair Brown

Marks or Scars

Wound left
scar in neck pre war
Jattos both forearms

Sullivan W
Signature of Soldier

M. Brand
Issuing Officer

Date of Discharge

30 July 19

Rank

Pte Major

O.C. DISPERSAL STATION

Date 30 7 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.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names WILLIAM 2. Surname SULLIVAN
3. Rank Pvt 4. Original Unit 88th Batta 5. Reg. No. 181095
6. Address, in full, to which future payments of gratuity are to be forwarded
Bank of Commerce
Vancouver B.C.
7. Date of enlistment in the C.E.F. 21st Feb. 1916
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge M^{rs} Louise M. Sullivan
9. Relationship of such dependent Wife
10. Address, in full, of such dependent 527. Rose St.
Vancouver B.C.
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No
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:—
.....
.....
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?
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....
.....
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 3 years, 3 months
88th Batta, G.A.I.R.D. London. 47 Batta.
No 9 C.G. Hosp.
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. *No*
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.? If not, give: (a) Date of discharge (b) Reason for discharge~~
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 in which you served at the front, and dates of such service with that unit.
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: *W. Sullivan*
 Place of Residence: *527 Grove Street Vancouver B.C.*
 Declared before me at: *O. A. M. C. Casualty Coy, Poesten Camp*
 This *7th* day of *MAY* 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

Questi on 21, 22, 23, 24, 25, 26 and 27 answered.
S. Davis Major O.A.M.C.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

Change of address by Next of Kin

POST OFFICE
VICTORIA
B.C.

⁰⁹⁵
~~181953~~ Pte W. Sullivan
49th Bn.

New address

Mrs. L. K. Sullivan

1316 Odium Drive

Vancouver B.C.

Canada

auth R L 29 7/19 7/17 Cr. 7.8652

FORM Y.

REGIMENT

Part II Order Received

P. O. Recd. Label No.

Deputy Superintending Clerk. (date)

Dated. Of the. Bn.

Passed to

Remarks

Branch

CONTENTS

By whom Initials

Time

Date

B.F. or P.A.

Date

Initial

C.A.M.C. Casualty Company,
Cooden Camp,
Bexhill.

May 14 1919.

To: -No 181095 Rank Pte Name Sullivan W.

ROUTE LETTER

1. You are instructed to proceed to
by the first available train leaving BEXHILL-ON-SEA
Station.
2. On arrival at the above destination you will
report yourself to O.C. Unit Group No 3
"E" Wing C.C.C. Bramshott
3. You will hand over all documents entrusted
to you herewith.

Daly Hayward
..... Captain.
Officer Commanding CAMC. Casualty Company.



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PHYSICS DEPARTMENT

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11
12

PHYSICS DEPARTMENT

C.A.M.C. Casualty Company Depot.
Goodon Beach Bexhill.

15th May
.....1919

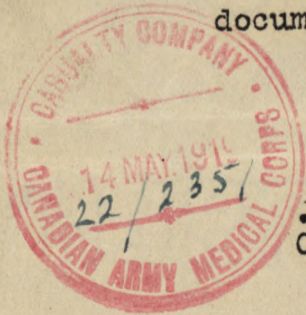
To:- *O. C. Unit Group 3*
Ewing Ccl Branch St

The M/Na other rank *is* reporting to you for

181095 Pte
Sullivan W.

Return to the 47th Cdn Bn
Authority *SMOD/158-1/FOd/11-5-19*

He is accompanied by all available documents.
Kindly acknowledge receipt of *ma* and
documents Please.



W. G. H. [Signature]

.....Major.
Officer Commanding C.A.M.C. Cas Coy. Depot.

at my

C. C. Hunt Group
2000

10

Arthur

1800

March 10-11-12

Section 11

Mr

.....
.....
.....

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 181095 (Rank) Private

Name (in full) SULLIVAN, William enlisted in

the 88th Batt Victoria Fus.

CANADIAN EXPEDITIONARY FORCE at Victoria B.C. on the twenty third
day of February 1916.

HE served in 4th Batt and C.M.C.

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 43 years

Marks or Scars Tattoo mark

Height 5 ft 10

Anterior surface of

Complexion Ruddy

Right hand 2" above

Eyes Brown

wound.

Hair Brown

William Sullivan
Signature of Soldier

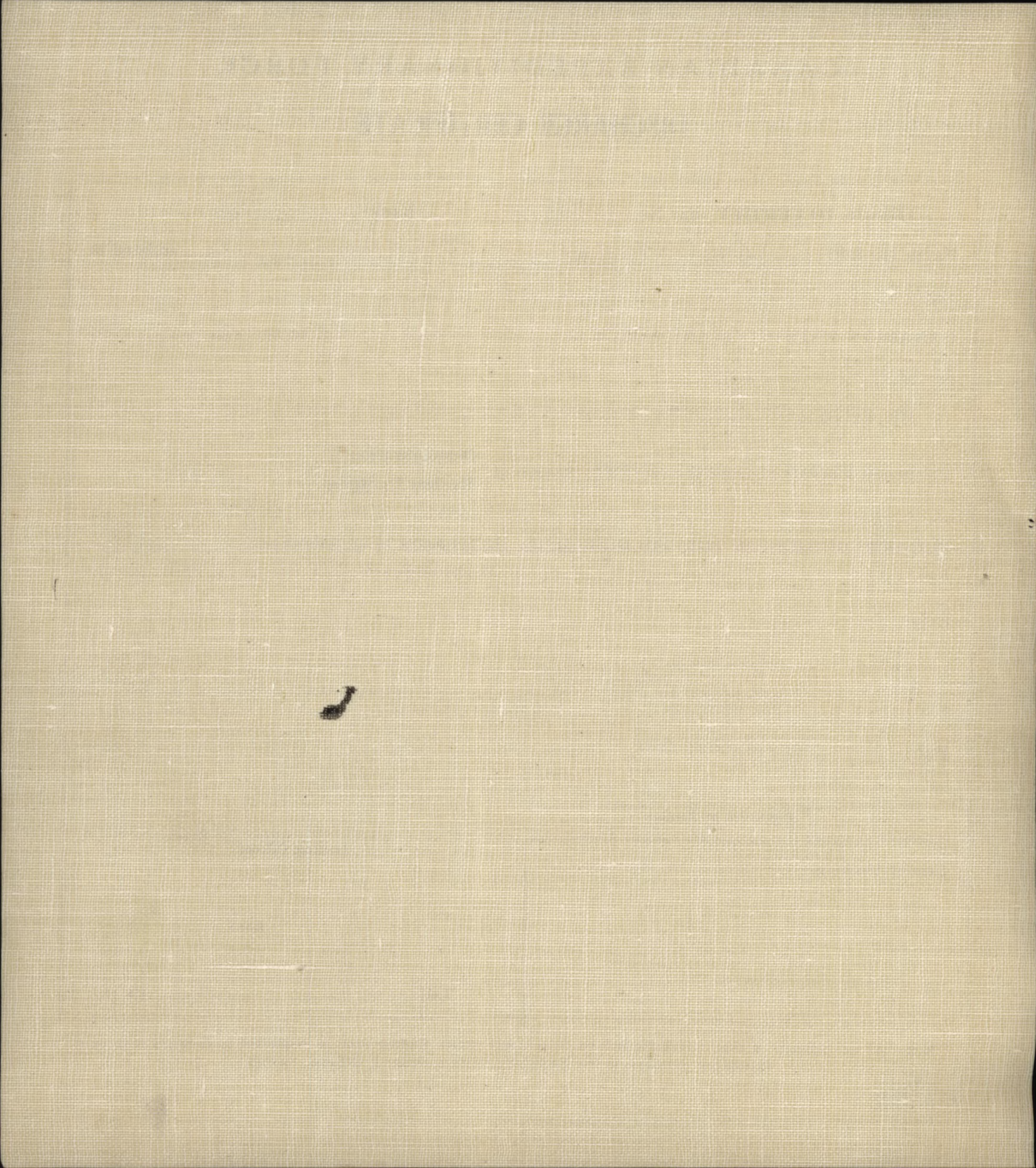
Date of Discharge

Issuing Officer

Rank

Date 19

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.



KF

Rank _____ Name **SULLIVAN. William** Reg'l No. **181095**
 Unit **88TH BN** If in perm. Corps, }
 What Unit? } Married or Single **Married.**
 Place and Date of Enlistment **Victoria B.C. 21st Feby. 1916** Place of Birth **London. England.**
 Name and Address, Next-of-Kin **Mrs L. N. Sullivan, ~~Maywood. P.O. Cloverdale~~**
~~1316 Adhem Drive. Vancouver. B.C.~~ Relationship **Wife.**
Saanichton B.C. Canada.
 Assigned Pay Monthly \$ _____ Payable to **with RL 29 of 1917 G. F. 8652.**

Relationship

Separation Allowance \$ _____ Payable to _____

Relationship

Discharge, Date and Place _____ Reason _____ Character _____

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England		8 JUN 1916	S.S. Olympic
17. 7. 16	D.S. 30 th Bn	I.O.S. 30th Res. Battr.	C. Sandling	14. 7. 16	PE II NO. 182.
17-7-16	of 30	Taken on strength	"	14-7-16	" 182
16-8-16	of 30 th	For duty under inspector of arms and munitions and will be shown on command	"	9-8-16	PE II 212
9-8-16	CAJ	Relief Att from 30th Bn	Greenwich	9-8-16	PE II 19
29-10-16	30 th Bn	S.O.S. to C.A.S. & R.D.	E. Sandling.	24-10-16	" 285.
30-10-16	C.A.S. & R.D.	I.O.S.	Greenwich	24-10-16	" 99.

Carrie

PC / CAS

11

Carrie

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.				
10.5.17	CAI & RD.	SOS to B.C. Reg Depot	Greenwich	10.5.17	Pt II DO 130
12.5.17	B.C.R.	T.O.S. & detached to Dep Co	Seaford	11.5.17	- 64
24.5.17	"	SOS to 1 st Res.	"	23.5.17	Pt II 76 & 1 Res Pt II 139. 22.5.17
17.6.17	1st Res.	Sol. to 47 th Bn. Op.	"	15.6.17	Pt II 165 & 47 th Bn. Pt II 78 d/30-6-17 47 th Bn. " 86 d/28-7-17
6.11.17	B.C. Regt.	No 13 Can. Field Amb.	Field	30.10.17	CLASS French Feet
8.11.17	"	No 2 Stationary Hosp.	Abbeville	31.10.17	CLASS "
15.11.17	"	Military Hosp.	Woburn	11.11.17	CLASS " Ser
19.11.17	B.C. Pl.	Invalided & T.O.S. from 47 th Bn. Seaford.	"	11.11.17	Pt II 243 & 47 th Bn. Pt II 114 3 rd C.C.D. Pt II DO 97 d/20.4.18
24.4.18	"	On Com 3 rd C.C.D.	"	24.4.18	- - 99
30.5.18	"	Leaves on Com 3 rd C.C.D.	"	"	"
		SOS to C.A.M.C.	"	30.5.18	- - 129 3 rd C.C.D. Pt II DO 125 d/30-5-18.
31.5.18.	6 amb. Dpt.	T.O.S. on trans. from B.C.R.D.	Scliffe.	Pte. 30.5.18.	Pt II DO 151.
21.6.18.	do.	S.O.S. on postg. to No 96 G.H.	do.	Pte. 22.6.18.	- - 172 No 96 G.H. Pt II DO 135 d/25-6-18 (T.O.S.)
8.5.19	Bamcece	T.O.S. from 9 Clift	Bechell	" 5.5.19	- 104 9 C.C.D. Pt II 33/8-4-19
26.5.19	R Wing 666	T.O.S. pending R.T.C.	Witley	24.5.19	5039,
28.5.19	Cancelled	SOS to R Wing see Witley	Witley	Pt 24.5.19	- 124
16.5.19	camp	S.W. 666 is sent for return to camp	Witley	15.5.19	DO. 114
		47th Battalion			
19.7.19	R Wing	SOS to Canada	Witley	Pte. 18.7.19	89 - T - 76 d/15-7-19 Pt II DO 86.

26 JUN 1918
 A.F.B. 103 CHECKED

21-2-16

MILITIA AND DEFENCE

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Louisa Mabel SullivanName of Soldier Sullivan William

Address

~~Maywood Rd~~
~~527 Grosvenor St Victoria~~
Vancouver B.C.Regtl. No. 181095Rank PteCorps 88th Battalion

Relation to Soldier

wife, child or mother

} Wife

To what Corps belonging

when called out

1316 Adams Drive

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<u>028579</u>	<u>26-26</u>	



11/11/11

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11/11/11

11/11/11

11/11/11

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Louisa Mabel Sullivan

Name of Soldier

Sullivan - William

L. L. Job 89002.-Req. 6213.

wife

PAYMENTS.

Pe

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>A 3695</i>	20	20
May		<i>A 4635</i>	20	20
June		<i>P 9562</i>	20	20
July	<i>14</i>	<i>C 8744</i>	20	20.
Aug.		<i>a 14212</i>	20	20
Sept.		<i>C 17868</i>	20	20
Oct.		<i>C 20898</i>	20	20
Nov.		<i>M 23720</i>	20	20
Dec.		<i>N 26609</i>	20	20
Jan.	1917	<i>I 30222</i>	20	20
Feb.	<i>13 B.</i>	<i>I 33348</i>	20	20 <i>1316 Odium Drive</i>
March		<i>J 36689</i>	20	20 <i>Vancouver B.C.</i>
April		<i>J 3296</i>	20	20
May		<i>J 5857</i>	20	20
June		<i>U 9049</i>	20	20
July		<i>J 12556</i>	20	m
Aug.		<i>U 15423</i>	20	m
Sept.		<i>Z 18943</i>	20	m
Oct.		<i>L 22066</i>	20	<i>4465</i>
Nov.		<i>A 16782</i>	20	<i>13</i>
Dec.		<i>J 28292</i>	20	<i>4465</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

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.				

21 27-19

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Louisa Nabel Sullivan*

By Whom Assigned *Sullivan William*

14/1/17 Address ~~527 *Errol St*~~
1127 Johnson St
Vancouver
1316 Odium Drive Victoria B.C.
Vancouver B.C. V.C. B.C.

Regtl. No. *181095 M.R.*

Rank *Pte*

Corps *88th Batta No 4 Coy.*

Rate *15*

JUN 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>0 2 M 16 8/17 P 4.30 8/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



10

12821

2

101

12821

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Louisa M. Sullivan *wife*

Name of Soldier

Sullivan William

PAYMENTS.

L. L. Job 310.-Req. 6574.

1810

\$15.00

Remarks.

JUN 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June		J. 7110	15-	
July		U. 12891	15.	
Aug.		D 14721	15	
Sept.		W. 19641	15	
Oct.		W 24893	15.	
Nov.		C 29091	15	
Dec.		S 33006	15	
Jan.	1917	U 41130	15	
Feb.		V 43039	15	1316 Odium Drive Vancouver B.C. 11/2/17
March		J 52109	15	15R
April		D 5172	15	
May		W 11569	15	
June		C 18592	15	B.
July		J 26020	15	b
Aug.		Y 32446	15	
Sept.		X 39839	15	
Oct.		K 45578	15	
Nov.		T 53662	15	
Dec.		W 60183	15	2854
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.				

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: SULLIVAN William											
EFFECTIVE DATE: 1/6/16		EFFECTIVE DATE: -		NUMBER: 181095											
AMOUNT: 15.00		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT											
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY											
No. 2 do. W. Sullivan (Wife) 1316 Odium Drive Vancouver B.C.				DATE EFFECTIVE											
				RANK OR APPOINTMENT											
				PK:											
				UNIT AND TRANSFERS											
				ORIGINAL UNIT: 88 km											
				DATE ACCOUNT FIRST OPENED: 1/6/16											
				AUTHORITY											
				DATE EFFECTIVE											
				DATE LEDGER SHEET T'S'D											
				UNIT TRANSFERRED TO											
				1/1/18											
				1/6/18											
				17/6/18											
				H. B. D.											
				CAME											
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								
28.4.19	5311	9.6.9. Nap. 4.10.	7.30												
4.5.19	1130	Code	26.29												
			36.50												
28.11.19	6811	Rwings	2.1.33												
<p>Trans to Canada 1/8/19 G. 11467 27/19 B. shift to Witley M. D. J-11 Ser. Bal. \$27.09</p> <p>Dis to Canada 21.5.19 MR G 8913 Blue 14.5.18 Blue 17.12.18</p> <p>Led Balance 50.87. L.P. Credit Balance 11.33</p>															
PARTICULARS OF RENDERING NON-EFFECTIVE:				PARTICULARS				DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION	
MONTH 1918	PARTICULARS			CR. 1	CR. 2	PARTICULARS			DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar	Bac: Ford:												121.77		
Apr	R.P.			33		loan a Pay						15			
	S.F. 20/4/18. 75/18. 3.66A 97 20/4/18.			730		AR 3585 4/4/18. Lepson.	4.87								
						1677. 20/4/18. Lepson.	48.67								
				4030		Q4005. 20/4/18. 4.1952 4/18.	91					15	90.68		
May	R.Pay.			3410		loan A.P.						15			
						AR 1132 15/5/18 3rd CCD	29.20								
June	do			3410		" 1457 29/5/18 "	4.87					15	77.65		
				3300			34.07						110.65		
						a Pay						15	95.65		
						AR 1156. 14/6/18 loaned ③	9.87						85.78		
July	do			33		" 576 27/6/18 9 ④	4.87					15	80.91		
				3210			11.74						115.01		
						a Pay						15	100.01		
						AR 673 17/7/18 "	21.33						75.68		
Aug	do			3110		" 753 30/7/18 "	11.87					15	70.81		
				3210			29.20						104.91		
						a Pay						15	89.91		
						AR 236 14/8/18 "	14.60						75.31		
Sep	do			3110		AR 909 29/8/18 "	19.47					15	55.84		
				33			34.07						88.84		
						a Pay						15	73.84		
						AR 1010 12/9/18 "	9.73						64.11		
						" 1101 26/9/18 "	14.60					15	49.51		
				33			24.33						49.51		

* Strike out whichever inapplicable

Stopped 1/8/19
Staff 16/19

28/11/18 R wings

Trans to Canada 1/8/19 G. 11467 27/19 B. shift to Witley M. D. J-11 Ser. Bal. \$27.09

Dis to Canada 21.5.19 MR G 8913 Blue 14.5.18 Blue 17.12.18

Led Balance 50.87. L.P. Credit Balance 11.33

COMPILED BY M. Wright
CHECKED BY M. Wright

49.51 agreed 5/11/18 forwarded

NUMBER 181095 RANK

NAME SULLIVAN. WILLIAM.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Balance forward								49.51		
Oct	P Pay	34.10		A Pay				15	68.61		
				AR 1309 14/10/18 9.41 (15)	9.73				58.88		
				" 1547 30/10/18 " 39	14.60				44.28		
Nov	"	33		A Pay	24.33			15	62.28		
				AR 1614 14/11/18 " 9	9.73				52.55		
				" 1801 28/11/18 " 29	14.60				37.95		
	" Dec	34.10		A Pay				15	57.05		
				" 1844 2/12/18 " 48	29.20				27.85		
1919	" Jan	34.10		A Pay	33.53			15	46.95		
Feb	"	30.80		do	53.53			15	62.75		
				" 4161 9/1/19 " 20	9.73				53.02		
				" 4290 28/1/19 Ryl 58	19.47				33.55		
				" 4453 13/2/19 9.41 91	14.87				28.68		
	" March	34.10		A Pay				15	47.78		
				" 641 26/2/19 " 119	7.50				40.48		
				" 857 12.3.19 " 149	9.73				30.75		
		64.90			51.10			30			
Apr	" Apr	33		AP				15	48.75		
				" 1032 20.3.19 " 2	7.30				41.45		
				" 192 " 4.19 " 21	9.73				31.72		
May	" May	34.10		AP				15	50.82		
				AR 534 28/4/19 9.6.4.11 48	7.30				43.52		
				" 1130 12.5.19 cancel 68	29.20				14.32		
		67.10			53.53			30			
June	" P.P.	33.00		cap.				15	32.32		
July	"	34.10						15	51.42		
				6811 29/6/19 Wilby 49	24.33				27.09		
		67.10			24.33			30			

S.O.S. 15.7.19
J.L. 89

P. 559
MARRIED OR SINGLE

Married

PLACE OF BIRTH

West Ham, London, Eng.

NAME AND ADDRESS OF NEXT OF KIN

Mrs L. M. Sullivan

RELATIONSHIP OF NEXT OF KIN

Wife

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

REG'L. No. *181095*

RANK *Pvt*

NAME *Sullivan, William*

IF IN PERM. CORPS
WHAT UNIT

UNIT

*88th Lt.
C.E.F.*

TRANSFERRED TO *30th Batt.* DATE *1 Aug. 16* AUTHORITY

TRANSFERRED TO *C.A.S.R.D.* DATE *11/17* AUTHORITY

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION

Kispiox B.C.

TRANSFERRED TO *L.A.O.* DATE *28/8/17* AUTHORITY

DATE OF ATTESTATION

21 Feb. 1916

TRANSFERRED TO *B.C.R.D.* DATE *1/1/18* AUTHORITY

ASSIGNED PAY MONTHLY \$

15⁰⁰

DATE EFFECTIVE

*1/3 June 1916
August 1st 1917*

PAYABLE TO

*Mrs L.M. Sullivan, 427 Johnson St. Victoria,
1316 Odium Drive, Vancouver, B.C.*

RELATIONSHIP *Wife*

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

Rec.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

General

no. Book

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked *[Signature]*

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.	DATE	No.	DATE																						
1916													960	960																															
June 30	1 ⁰⁰	30		30	10	3								33		1916 June 13	1916 June 30				973	973			15								960												
July 31		31		31		310								2110		July 10	July 31							15																					
Aug 1-31		31		31		310								3410	1600	31/7	1641	10/8						15																					
Spt. 1-30		30		30		3								32		25 16/8	26 11/16							15																					
Oct 1-31	1 ⁰⁰	31	00	31	10	310								3410		27 15/16	28 15/16							15																					
Nov 1-30		30		30		3								33		29 30/9								15																					
Dec 1-31		31		31		310								3410										15																					
1917														1650		145 30/10	146 15/11							15																					
Jan 1-15	1 ⁰⁰	15	50	15		150								1760		147 15/11	148 30/11	252 15/1						15																					
Feb 1-16	1 ⁰⁰	16	60	16		160								1760		149 30/11	150 15/12							15																					
Feb 28	1 ⁰⁰	30	80											4580		151 31/1	152 28/2							15																					
Mar 31	1 ⁰⁰	34	10											3410		153 15/2	154 31/3							15	1760																				
Apr 1	1 ⁰⁰	33												33										15																					
						367 40								15	960	392									180	1760	355 80	3620																	

*6
07*

Juan C.A.S.R.D. 11/17 Bo. 99/10

15⁰⁰ ad charged here in family

*17⁰⁰ awarded in Day 3rd mo 2
PT 66. 7/3/17*

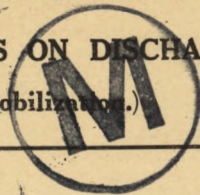
1807

7381 BPC 169910

SHORT FORM.

War Service Badge Class "A" No. 176836

PROCEEDINGS ON DISCHARGE. (Demobilization)



209

O.C.	22
C.G.	7
D.A.	7

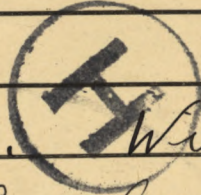
1. No. 181095

2. Rank. Pte

3. Name. SULLIVAN, William

4. Unit. C A M C Cas. Co

5. Date of Discharge 30/7/19 Place Vancouver B.C.



6. Reason for Discharge DEMOBILIZATION

7. Authority. No 11 dd DO 213 Aug-1-1919

8. Proposed Residence after Discharge 527 ~~Green St~~ Grove St Vancouver B.C.

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.? 39

Sullivan W

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

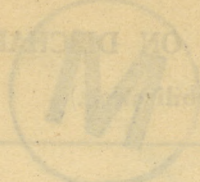
Date.....

Signature M Grant Capt (O. C. Discharging Unit.)



ERJ

SHORT FORM
PROCEEDINGS ON DISCHARGE



1. No. 181092

2. Name J. L. LINDAN

3. Date of Discharge

4. Reason for Discharge

5. Authority

6. Proposed Residence after Discharge

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the undated place and date I received my discharge Certificate

M. J. W. [Signature]

Signature of Soldier

CONTINUATION

The discharge of the above named man is hereby continued.



Date

Place

Signature

(Of C. Discharging Unit)

LIST OF DISCHARGE DOCUMENTS

1. Certificate of Discharge
 2. Medical History Sheet
 3. Physical Examination Report
 4. Laboratory Reports
 5. X-ray Reports
 6. Hospital Discharge Summary
 7. Progress Notes
 8. Medication List
 9. Referral Letters
 10. Discharge Instructions

Date: _____
 Signature: _____
 Title: _____

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. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
 Checked by No. 10
 Date JUN 8 0 1919
14-7-19

PROCEEDINGS OF A MEDICAL BOARD.

Dated at EPSON, 11-4-18. 1917.

No. 181095 Rank Pte. Name Sullivan, W.

Local Unit Overseas Unit 47th Batta. Age 41

Examination held at M. C. H. EPSON.

DISABILITY:
Overseas—Local
(scratch one out)

TRENCH FEET.

PRESENT CONDITION.

Haemorrhoids. No small protruding pile, bleeding. Feet have recovered from the swelling and pains. No other discernible lesion.

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Dutyweeks.
4. Fit for Permanent Base Duty.....
B-11, temporarily in Category D-1.
5. Discharge

Signatures:—

Members	}	<u>A.H. Cameron Smith, Major.</u>President.
		<u>H.C. Wallace, Capt.</u>

APPROVED

Dated EPSON, 11-4-18. 1917.

A.H. Cameron Smith
For A.D.M.S. *Major*

B₂ 2351840 *W. J. Dowling, Capt.*

PROCEEDINGS OF A MEDICAL BOARD

Dated at _____ 1917

Name _____ Rank _____ No. _____

Local Unit _____ Overseas Unit _____ Age _____

Examination held at _____

DISABILITY
Overseas - Local
Local - Overseas

PRESENT CONDITION

BOARD RECOMMENDATIONS

- 1. Fit for Duty
- 2. Fit for duty after _____ weeks' physical training.
- 3. Fit for Temporary Base Duty _____ weeks
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signatures

President

Members

APPROVED

Dated _____ 1917

Original

5.1-X-13

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Kimmel Park Mil Hoehl DATE 21-4-19

1. 1 (a) Unit C.A.M.C. (b) Regimental No. 18.1095 (c) Rank Pte

(d) Surname Sullivan (e) Christian name William

(f) Home address 527 Grove St Vancouver B.C.

(g) Next of Kin Louisa Marie Sullivan (h) Relationship Wife

(i) Address of Next of Kin 527 Grove St Vancouver B.C.

2. Age last birthday 43 yrs Date of birth April 12th 1876

3. Enlistment, or Appointment (if an Officer) (a) Place Victoria B.C. (b) Date Feb'y 21st 1916

4. Personal description:

(a) Height 5' 5 1/2" (b) Weight 165 Est (c) Complexion Fair
(stripped)

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Tattoo

Mark on anterior surface of Right Fore arm 2" above wrist

5. Former trade or occupation Marine Fireman

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
	<u>3</u>	<u>59</u>

(Main Statement)	PERIODS	
	From	To
Canada	<u>21-2-16</u>	<u>23-6-16</u>
England	<u>23-6-16</u>	<u>15-6-17</u>
France or other theatres of War	<u>15-6-17</u>	<u>11-12-17</u>
<u>England</u>	<u>11-12-17</u>	<u>Date</u>

7. Original disease, or injury varicose veins Both Legs

(a) Date of origin 1910 (b) Place of origin Vancouver B.C.

(c) Cause unknown

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 Vein Both Legs) Weakness of
Legs - Swell in Hot Weather - numb
in Cold Weather.

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.)

Objective symptoms: Well nourished and healthy adult. Veins marked Enlarged from knee downwards on Both legs.

Subjective symptoms: Complains of Weakness of Both legs - states they swell in Hot Weather and feet and legs are numb in Cold weather.

(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... no

Osseous and Joint Systems... no Any other general condition... no

nil

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

CR. States that while working in Gas works at Valscouer B.C. he was burnt on Both lower limbs. This was in 1910 From that date he first noticed Varicose Veins Both lower legs.

No Entries on M.S.S

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).)

(A.R. States: no illness prior to Enlistment
 M.H.S. States Woburn Hospital 11-11-17 To 6-12-17
 1st Eastern Gen Hospital 6-12-17 To 1-2-18 Trench feet
 M.H.S. 1-2-18 To 22-4-18 Trench feet

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

Nil.

11.—(a) Did the disabling condition have its origin before enlistment? *no*

(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.)

not applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *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? *Six months*

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

no Entries on M.H.S.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *no*
 (If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations.

Get Bit

F. J. Lougher Capt. R.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).

I, the undersigned, *William Sullivan* 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 *Nothing T.F.*

W. Sullivan Rte Rank.
 Signature of invalid examined.

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 we concur

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.)	<i>no</i>
" B)	(Yes or No.)	<i>Cat B II</i>
" C)	(Yes or No.)	<i>no</i>
" D)	(Yes or No.)	<i>no</i>
" E)	(Yes or No.)	<i>no</i>

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.)

*Cat B for return to Canada Auth
Tel at 9083 of 41-11-18*

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.

Soldier Satisfied

PLACE *James Park Mill Hos*

Major } President.
W. Jacob }
Sept Case } Members

DATE *21-4-19*

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.

..... President
 PLACE.....
 } Members
 DATE.....

APPROVED BY *[Signature]*
 COLONEL,
 Assistant Director of Medical Services.

APPROVED BY.....
 Director-General of Medical Services.

DATE..... LIVERPOOL..... DATE.....
 29 APR 1919

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Enson Arch 11.4.18 1917

No. 181095 Rank Pte Name Sullivan W.

Local Unit _____ Overseas Unit 47th Btn Age 41

Examination held at MCH Enson

DISABILITY:
Overseas—Local
(scratch one out).

TRENCH FEET

PRESENT CONDITION.

Hemorrhoids. No ~~disturbance~~ 2
Small protruding piles. bleeding.
But have recovered from
the swelling and pain of.
No other discernible ailment.

BOARD RECOMMENDS:—

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty 3m temporarily PT.
- 5. Discharge.....

Signatures:—

A. H. Cameron Smith Major
President.

Members

Wallace Capt

APPROVED

Dated Enson 11/4/18 1917.

A. H. Cameron Smith Major
For A.D.M.S.

Case No. 15325

PROCEEDINGS OF A MEDICAL BOARD.

Dated at _____ 1917
Name _____ Rank _____
Local Unit _____ Overseas Unit _____

Examined on held at _____

DISABILITY
Overseas—Local
District one only

PRESENT CONDITION

[Faint handwritten text, possibly describing the patient's condition]

BOARD RECOMMENDS—

- 1. Fit for Duty
- 2. Fit for duty after _____ weeks' physical training
- 3. Fit for Temporary Base Duty _____ weeks
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signatures:

President

Members:

APPROVED

Dated _____ 1917

WSB CLASS. A
5-543
64
12/15/17

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 88th BATTALION VICTORIA FUSILIERS C.E.F.

Regimental No. 181095 Rank Private Name Sullivan, William
G. E. F.

Enlisted (a) 2/2/16 Terms of Service (a) Do W. Service reckons from (a) 2/2/16

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) Firearm

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 Halifax June 1st 1916
Arrived Liverpool " 8
R. H. Ley Capt

TRANSFERRED TO 30th BATTALION C.E.F. Bandling 8 JUL 1916
Adjutant
88th Battalion Victoria Fusiliers U.E.F.

16-8-16 O/C 30th Dr. Command.
Duty with Inspector of Arms & Ammunition 9-8-16 Pl II - 212

29-10-16 O/C 30th Transferred to C.S.A. Inspector
Repair Dept. (under D.O. 5591) 24-10-16 Pl II - 205. Capt. & Adjutant.
for
O.C. 88th Battn C.E.F.

9-8-16 C.A.I.R.D. Attached from 30th Greenwich 9-8-16 Pl. II Order 19d. 9-8-16
30-10-16 " France " " " 24-10-16 " " 99d. 24.10.16
10-5-17 " " S.O.S to B.C. Reg. Depot " 10-5-17 " " 130 d 10-5-17

W. B. Sterling Major
Canadian Arms Inspection & Repair Dept.

(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, 4, Tunnel Avenue, East Greenwich, P.O. S.E.

181095
SULLIVAN
W.

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				
11-5-17	CA-1 JMD	T.O.S. BORD.	Seaford	12-5-17	Pt II P.O. 64 1st Lt Pt II 1st Lt BORD
5/5/17	S.O. Soubey	Yd to 1st Reserve	Seaford	22-5-17	Pt 2 D.O. 93 1st Lt 1st Lt Dept
22-5-17	oe 1st No	TAKEN ON STRENGTH OF 1st CAN. RES. BATTN.	Seaford	22-5-17	Pt 139
17-6-17	oe 1st	PROCEEDED ON DRAFT TO...47th BATT	" "	15-6-17	Pt 165
17.6.17	oe 47 Bn	Arrived in France	Sea	17/6/17	NR Pt 10518 Captain, 1st Canadian Reserve Battalion.
21/6/17	"	Taken on strength Left to join unit	"	21/6/17	NR
7/7/17	oe 47 Bn	Joined unit	"	24/6/17	B243 DCS/69
25-8-17	Do	To Lewis Emburse	"	19.8.17	"
8-9-17	Do	Retain from Command	"	1.9.17	"
31-10-17	oe 10 26	French Sub batt	"	30/10/17	2017 2 9449
31-10-17	oe 2 Staty	French Sub Am	"	31.10.17	"
3-11-17	oe 10 CCS	French Sub batt	"	30/10/17	"
11.11.17	oe de log	Sub reported to 136 Reg Depot Seaford.	Seaford	11.11.17	W3083-4329 Pt II Ord 14 of 21.11.17 1st Lt. C. G. G. Can. Sec. G.H.Q. 3rd. Cch.

CERTIFIED CORRECT
 29 JUN 1917
 CAN. RECORDS LONDON.

2nd Slat

Casualty Form—Active Service.

Regiment or Corps.....
 Rank..... Surname: *Sullivan* Christian Name: *William*
 Religion..... Age on Enlistment..... years..... months
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and rate.....
 Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.218, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.218, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked		
			Disembarked		
<i>19.11.17</i>	<i>BERD</i>	<i>TO S</i>	<i>Seaford</i>	<i>16.11.17</i>	<i>BERD 743</i>
<i>21.1.18</i>	<i>B.C.R.D.</i>	<i>Command 3rd 66D</i>	<i>Seaford</i>	<i>22.1.18</i>	<i>1st D.O. 99</i>
<i>30/5/18</i>	<i>B.C.R.D.</i>	<i>Ceases to be on Command</i>	<i>Seaford</i>	<i>30/5/18</i>	<i>Pt. S.D.O. 119</i>
<i>3rd C.C.D. 15.0.5. Transfer</i>					
<i>C.A.M.C. Thorncliffe</i>					

W. B. Turner
 Lieut.
 For Lt Col 10 Records, C.E.P.

30/5/18 DISCHARGED FROM 8RD C.C.D. *Seaford* TO *BERD* BN. PART II D.O. NO. *126* *30/5/18*
 For O.C.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
31-5-18	Came R.D.	Taken on Strength	Schiff	30/5/18	Para 151
22-6-18	"	S.O.S. to 909th Hosp. Schiff	"	22-6-18	Para 193 ... for O.C., C. & C. Dept.
25/6/18	no 909th H. Schiff	S.O.S. from 600th Regt	Schiff	22/6/18	Part 200/133
8/5/19.	g.c. 9th H. Kinneljar	S.O.S. to Camel. Co. boy Berhuc. for R.Y.C.	Kinneljar	5/5/19	Part II Do. 33 [Signature]
8-5-19.	Came Cas Repat	Repat for S. H. 969th H. for R.T.C.	Cooden	5-5-19	Part II Do 107
16-5-19	do	SOS to 666th B' Shott. for return to 47th Bn.	do	15-5-19	Part II Do 114

[Signature] Capt.
Officer Commanding C.A.M.C. Cas. Coy.

REGINA 13.7.19.

AUDITOR [Signature]
PATROLLERY [Signature]

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

REGT. NO 181095.

RANK Pte.

NAME (IN FULL)

SULLIVAN, W.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS		English B.C. Coy. 31.7.19			PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE	
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

15 / 18119 used
Mrs R. Sullivan
527 Grove Street
Vancouver B.C.

Can Bank of Commerce
40. Nanaimo B.C.

MOXI. 30.7.19.

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
BALANCE FROM PREVIOUS ACCOUNT	31.7.19			27 09													27 09	Clthys allowance 35 ⁰⁰
	4.8.19	4 1 ¹⁰	4 40	35	39.40	Deat Train	Ches	4 87	5 00	126 62			136 49	70 00				
												5 50	5 50	75 50				other chgs. 5 days Pte. 5 ⁵⁰
<p>War Service Gratuity</p> <p>Service 3 years months</p>																		
		86	183 days	420	180	600							75 50	75 50	344 50	180		
													124 50	280 00	120			
													100	210	90			
													100	140	60			
													100	70	30			
													100	-	-			
						600							600					

Certified that all payments have been made on this account for which covering authority has been received to date.

[Signature]
Paymaster, Demobilization Pay

Lieut.
M. O. No. 11

86

183 days

420 / 180

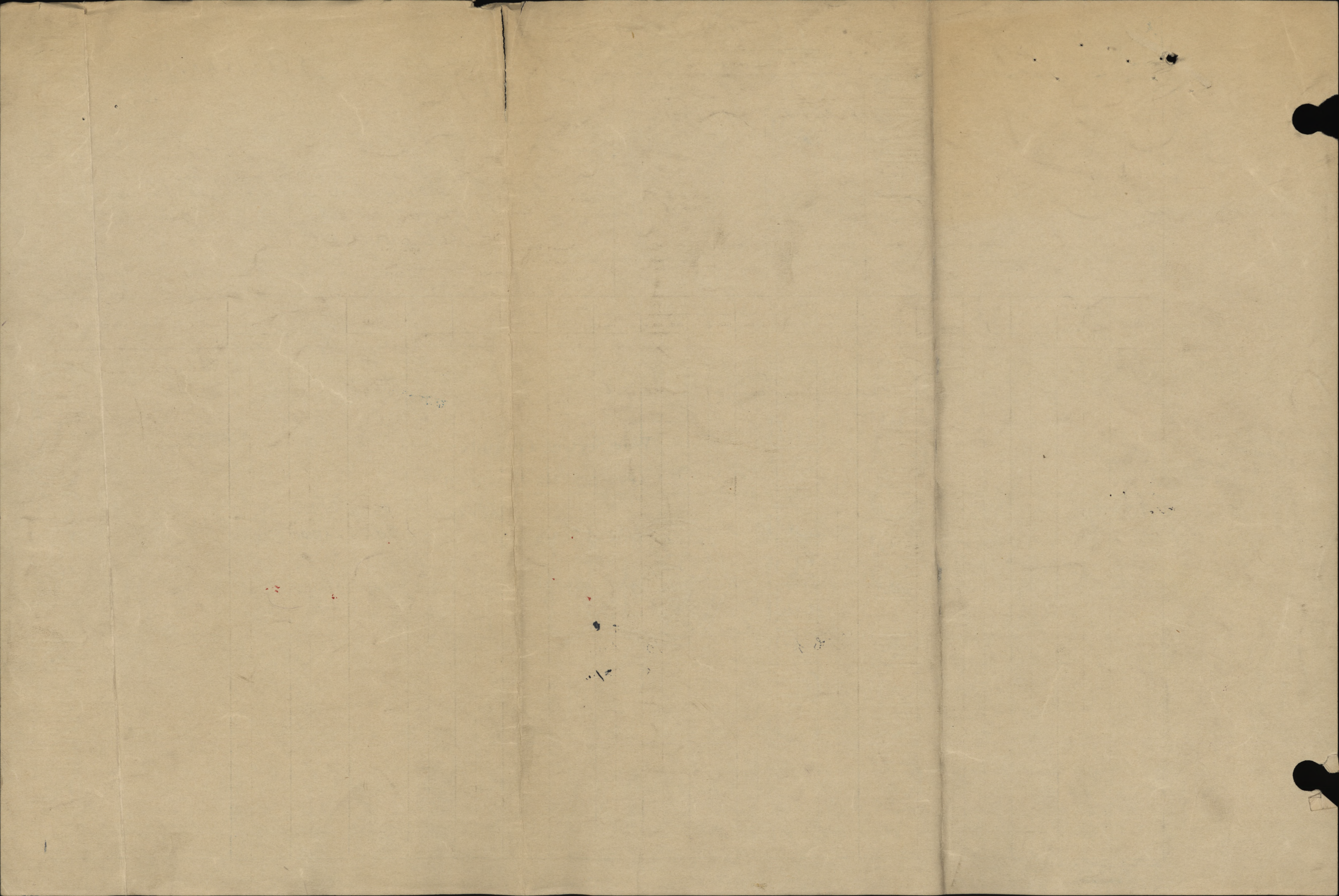
600

600

R.M.

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the F.W. 5506 received.

[Signature]
Office i/o War Service Gratuity
M. O. No. 11



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

21-2-16 PC 2753

Separation and Assigned Pay Branch

13555

June 1/16

OVERSEAS CONTINGENTS

S

RATE OF SEPARATION ALLOWANCE

20.	\$ 25.00	
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RATE OF ASSIGNMENT

15		
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1-12-17
P.O. 3257

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 181095
 Rank *Plt* Promoted Reverted Discharge
 Soldier's Name *William Sullivan*
 Battalion *88th BATTN # 4 Coy*
 Beneficiary *Louisa Mable Sullivan*
 Relationship *Wife*
 Address

Name *Mrs Louisa Mable Sullivan*
 Address *1316 Adams Drive*
 Change of Address *Vancouver B.C.*
 1 ~~708 Woodland Drive~~
 2 *527 - Grove St.*
 3
 4

10 25527

Date	Cheque No.	Amount S/A	Amount A/P	Total
Dec 31		446	285	731
Jan 18	75002 C	30	15	45
Feb 4	H 70434	25	15	40
Mar	91924 V	25	15	40
April	71312	25	15	40
May	23372 X	25	15	40
June	24011 Y	25	15	40
July	23183 A	25	15	40
August	34308 W	25	15	40
Sept	40059 Z	25	15	40
Oct	47062 D	25	15	40
Nov	55205 F	25	15	40
Dec	65453 J	45	15	60
Jan 19	69082 L	30	15	45
Feb	79960 O	30	15	45
Mar	85668 B	30	15	45
April	2527 W	30	15	45
May	8352 Q	30	15	45
June	10369 R	30	15	45
July	12220 U	30	15	45
		981	570	1551

0 17629-W-27
 M.R.O.P. 18443 Rendered 16/18
 M.O. 65513 - *Debit alteration* - 253/19 of W.B.
 M.F.W. 2554 Received and OK 9/18

M 20 # 11
 A/c Closed 31-7-19
 Ret'd per *Reynolds*
 Date 23-7-19 M.F.W. 187 31-7-19
 Closed *Wilson*
 M.O. 118711 2 Oct 31-7-19

M. F. W. 128
 400M-617-1772-38-1141
 L. L. 22520-M. & D. 7958.

A STENCIL
 HAS BEEN MADE
 FOR THIS ACCOUNT

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.	8328			
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion				
Beneficiary				
Relationship				
Address				

Name	
Address	
Change of Address	
1	
2	
3	
4	

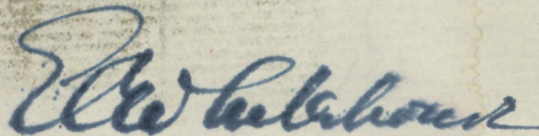
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128
 400mc-6-17-1772-38-1141
 L. L. 22320-M. & D. 7396.

Hastings Park, Vancouver, B.C.

JUL 3 0 1919

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



Capt., C.A.M.C.

JUL 3 01919

Wm. W. Walker

Wm. W. Walker

1891

Wm. W. Walker

RECEIVED
JUL 3 1891

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. 181095 Rank Pte Surname SULLIVAN
(Given name in full)
William
 Unit or Corps T Group Birthplace London Engl.

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

I. GENERAL DESCRIPTION:

Physique 100 Weight 165 est lbs. Height 5 8 1/2 ft. Colour of Eyes Grey
 Nutrition 100
 Pulse 74 Reg
 Condition of arteries MI
 Vision Rt. 6/12 Left 6/12
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
Vasc left in '14.
Scars on belly (no war).
Factor Arch firearm.

Opinion as to general health and physical condition 100

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.

no Document
nil

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at *hote*(Overseas)

Date *18/6/19* Signed *W. J. ...* 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 *X. W. Sullivan*

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

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

Date Signed 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

(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.)

Czech *W.J.* *14-1-48*
9/11-6-19