P.P. 18.7.19

REGIMENTAL DOCUMENTS

NAME BULLERWELL CLAYTON WEBSTER Pte REGT. NO. 282678 UNIT 219th Bn 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) 3				49921	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)			Rd 3-2	20	
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med Unfit
	MEDICAL EXAMINATION (M.F.W. 129)					
2	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)					
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	MSW192					1
1	[illegible]					21 — 4
1	[illegible]					16 — 4
1	M.F.W. 64					
1	R.149					3 — 5
1	Cas card					1
	1 AFD1237					
	3 Misc Med					
	1 X Ray					
	1 [illegible]					

W. 2589
1000M 11-18
17 7 39-1377

"6"

ATTESTATION PAPER.

No. 282678

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Bullerwell
1a. What are your Christian names?	Clayton Webster
1b. What is your present address?	Pleasant Lake Yar. Co.
2. In what Town, Township or Parish, and in what Country were you born?	Pleasant Lake Yar. Co.
3. What is the name of your next-of kin?	Whitfield R Bullerwell
4. What is the address of your next-of-kin?	Pleasant Lake Yar. Co. NS
4a. What is the relationship of your next-of-kin?	Father Canada
5. What is the date of your birth?	5th August 1898
6. What is your Trade or Calling?	Farmer
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?	Yes 77th Battn C.E.F.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No Remit.
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, Clayton Webster Bullerwell, 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.

Clayton Webster Bullerwell (Signature of Recruit)

Date 8th March 1916. P. J. McGarrigle (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Clayton Webster Bullerwell, 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.

Clayton Webster Bullerwell (Signature of Recruit)

Date 9th March 1916. G. Lincoln Lovitt (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 Yarmouth N.S. this 9th day of March 1916.

T. W. Seeley J. P. (Signature of Justice)

A Justice of the Peace in and for the County of Yarmouth.

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of Bullerwell, Clayton Webster on Enlistment.

Apparent Age 17 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height		5 ft 7 ins.
Chest measurement	Girth when fully expanded	34 ins.
	Range of expansion	3 ins.
Complexion		Medium
Eyes		Light Brown
Hair		Brown
Religious denominations	Church of England	C of E.
	Presbyterian	
	Methodist	
	Baptist or Congregationalist	
	Roman Catholic	
	Jewish	
	Other denominations (Denomination to be stated.)	

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).

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date March 8th 1916.

Place Yarmouth, N.S.

D. H. Williamson M.D.
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.

Clayton W. Bullerwell 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.

Lieut.-Colonel. (Signature of Officer)
Comd'g. 219th "Overseas" Highland B'n, C.E.F.

Date March 9th 1916.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

War Service Badge Issued, Class A No. 325075
B. 665866

This is to Certify that No. 282678 (Rank) Private

Name (in full) Clayton Webster Bullerwell enlisted in

the 219th Batt Overseas Regt

CANADIAN EXPEDITIONARY FORCE at Yarmouth on the ninth

day of March 1916

HE served in France

and is now discharged from the service by reason of Medically unfit

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

Age 20 years 10 mos

Height 5 ft 9 inches

Complexion Medium

Eyes Brown

Hair Brown

C W Bullerwell
Signature of Soldier

Marks or Scars G.S.W. scar right forearm

for J. C. Jones CAPTAIN.
O.C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.
Issuing Officer

Rank

Appointment

Date of Discharge June 21st 1919

Signed at Halifax N.S. this 25th day of June 1919

in Military District No. Nine

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

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

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

Ind. L.

9826 [illegible] Pitt Bullerville

Neal [illegible] Ted

[illegible]

282678

Butterville. C.

(13·B)

Admitted 11.1.19. Ulnar nerve paralysis Flexor Carpi Ulnaris good faradic response. All other muscles supplied by ulnar nerve no faradic response. Galvanic reaction – Slow muscle contraction KCC>ACC. Will require several weeks further treatment

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

15057 Oct 1/16

B

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 282678

Rank Pte Promoted Reverted Discharge

Soldier's Name Clayton Bullerwell

Battalion 219 Battn C. Co.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Whitfield R. Bullerwell

Address Pleasant Lake Yarmouth U.S.

Change of Address

1

2

3

4

2412-C-12

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Oct 31. 1917			195	195		
Nov	C 55274		15	15		
Dec 1918	C 64729		15	15		M
Jan	T 65126		15	15		X
Feb	C 98220		15	15		
Mar	a 105504		15	15	✓	
apl	a 2723		15	15		B
May	H 17388		15	15		✓
June	E 16387		15	15		✓
July	V 31988		15	15		✓
aug	E 28792		15	15		✓
Sept	H 43021		15	15		✓
Oct	F 46551		15	15		✓
Nov	B 58088		15	15		✓
DEC	M 62664		15	15		✓
Jan 19			405	405		

CANADIAN
ASSIGNED PAY AUDITED
[signature]
AUDIT CLERK
DATE 31-5-19

CONSOLIDATED ACCOUNT

A/c Closed 31-12-18
Ret'd per E Sequeira
Date 20-12-18 M.F.W.187 26-12-18
M & 6, E S Bradley M R 25956

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

...Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Whitfield P. Bullerwell

Address Pleasant Lake, Yarmouth N.S.

Rate 15.00

OCT 1 - 1918

By Whom Assigned Clayton Bullerwell

Regtl. No. 282678.

Rank Pte

Corps 219 Bn "A Co."

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				

CONSOLIDATED ACCOUNT 7

CANADIAN
ASSIGNED PAY AUDITED

AUDIT CLERK

DATE 31-5-19.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Whitfield R Bullerwell (Assignee)

PAYMENTS. Pte Name of Soldier Clayton Bullerwell 219 Bn "C Co" 282678.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
			$15.00	OCT 1 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		V 26452	15	
Nov.		J 28974	15	
Dec.		H 34367	15	
Jan.	1917	Q 35591	15	
Feb.		Q 41932	15	15
March		N 44551	15	15 B
April		P. 284	15	15 W
May		P 6616	15	
June		Y 13547	15	15 W
July		S. 20698	15	C
Aug.		V. 26993	15	B
Sept.		U 33248	15	B
Oct.		T 48624	15	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

180

195 B

CANADIAN
ASSIGNED PAY AUDITED
D Pullett
AUDIT CLERK
DATE 31-5-19

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.				

282678 Bullerwell C-W.

Report. Date.	Report. From whom received.	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.
14-8-18	78th Bn	Wounded	Field	10-8-18	CLA 291
21-8-18	M.R.W.	T.O.S. from 78th Bn	Seaford Pte	OC 12-8-18	PII 233 78th Bn PH II O. 78 of 23/8/18
17-12-18	78th Bn	Invalided to Canada	Liverpool	10-12-18	CLB. 399.
21-12-18	MRW	Inv to Canada. SOS.	Pte Seaford	10-12-18	PH II O. 355

MANITOBA REGT. R—122
8,401—50,000—21-10-16

A.G.R. Rank Name BULLERWELL, Clayton Webster Reg'l No. 282678

Unit 219th Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Yarmouth N.S., 8th March, 1916. Place of Birth Pleasant Lake, Yar. Co.

Name and Address, Next-of-Kin Whitfield R. Bullerwell,

Pleasant Lake, Yar. Co., N.S., Canada. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H/E R.B. No 14906
File R.L.
Category McCain
Ov Cas

Report. Date.	Report. From whom received.	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.
		Arrived in England S.S. Olympic 18/10/16			
23-1-17	219th Bn.	S.O.S to 17th Res Bn	Bramshott	23-1-17	PT D.O. 23
23-1-17	17th Bn.	T.O.S from 219th Bn	Bramshott	23-1-17	PT II D.O. 18
8.2.17	Do	SOS to 161st Bn	Do	8.2.17	Pt II D/O 33.
9.2-17	161st Bn	T.O.S on Transf from 17th Res Bn	Witley	8-2-17	Pt II DO. # 38 161st Bn Pt II DO 41 d/8-3-18
9.3-18	4th Res Bn	T.O.S from 161st Bn	Bshott Pte	8-3-18	Pt II DO. 58. 18th Bn DO 27 d/5-4-18
29.3-18	4th Res Bn	Posted to 18th Bn. O/Seas	G	28.3-18	Pt II DO 75
30.4.18	18th Bn	S.O.S to 78th Bn	field	"	2-4-18 " 38
29-4-18	78th Bn	TOS from 18th Bn	--	Pte	3-4-18 Pt II O. 35.
9-5-18	--	Awarded G.C. Badge	--	Pte	8-3-18 Pt II O. 39.

MAR 03 1917 CHECKED 24 APR 1917

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.

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(1) Name of Overseas Unit which Soldier joins.....
219th Overseas Battalion C.E.F.

(2) Regimental Number 282678

(3) Full Name of Soldier..... Clayton Wallace Webster Bullerwell

(4) Place of Birth..... Tusket Pleasant Lake
Yarmouth Co. N.S.

(5) Are you married, or not ? No.

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

(b) Present Postal Address.....

(7) Are you a widower ? No.

(8) Have you any children ? No.

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

Also their names and ages.....

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... Yes.

If so, state name and address ..... Pleasant Lake Yar. Co. Nova Scotia

(10) Is your Mother alive ?..... Yes.

If so, state name and address..... Cora Butlerwell

..... Pleasant Lake Yar. Co. Nova Scotia.

(11) If your Mother is a widow.....

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.

.....

.....

(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.

.....

.....

.....

(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.

.....

(15) Are you insured ?..... No.

If so, in what Company ?.....

Have you made arrangements for payment of your Insurance premium.....

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

.....Lieut. Colonel.
Comd'g. 219th. "Overseas" Highland Bn. C.E.F.
Officer Commanding.

Date.....

21 9th. OVERSEAS HIGHLAND BATTALION
ORDERLY ROOM
SEP 26 1916
No.....
C. E. F.

Surname Bullerwell Christian Name Clayton Webster

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital Day	Month	Year	Discharge from Hospital Day	Month	Year	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.
15 CANADIAN GENERAL (DUCHESS OF CONNAUGHT) TAPLOW BUCKS CANADIAN RED CROSS) HOSPITAL		13 AUG. 1918			6	10	18	G.W. Rt Hand Rt Arm.	55	On admission large open wd showing tendons flexor surface rt fore arm, Gradually cleaned up & sec. suture done 27.9.18. Hand & wrist very stiff Requires passive treatment, Fray-fract. through bone 3rd metacarpal implication cuneiform. possibly cuneiform - Radius & Ulna all right to VAD	[illegible]
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL		12 NOV 1918			12	11	18	ditto	92	To 5 C G H Kirkdale Same as above, no improvement, wound still open. I to C	A.A. Morgan Capt
HMAT Essequibo		10/12/18			20/12/18			do		Same	[illegible] Capt

ORIGINAL

"C" 282678

MEDICAL HISTORY SHEET ORIGINAL

Surname Butterwell Christian Name Clayton Webster

Examined on 8th day of March 1916
at Yarmouth, N.S. Canada.

Approved by S. D. Morrison Major M.D.

Birthplace City or Town Pleasant Lake
County Yarmouth, Nova Scotia

Rank M.O.

Apparent age 17

Trade or occupation Farmer

Height 5 Feet 7 Inches.

Weight 120 Lbs.

Chest measurement Minimum 31 inches.
Maximum expansion 34 inches.

Physical development Fair

Small-Pox Marks Nil

Vaccination Marks Arm ~~Right.~~ Left.
Number One

When Vaccinated last 1907

(a) Marks indicating congenital peculiarities or previous disease

Nil

(b) Slight defects but not sufficient to cause rejection

Nil

Date.	Fit or Unfit.	Examined for Re-engagement.
		16 AUG 1918
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
9-8-16	Good	Lt. Churchill M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
10-5-16	Good	Lt. C. M.O.
22-5-16	Good	Lt. C. M.O.
11/11/16	T.A.B.	Lt. C. M.O.

Enlisted on 8th day of March 1916 at Yarmouth, N.S. Canada.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	219th. "Overseas" Highland Bn.	C. E. F.		8/3/16
Transferred to	17th Can Res. Bn	282678		23-1-17
	161st Can. Bn	282678		8-2-17

4th CAN. RES. BATTALION.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bapleux	9/11/18	Cpd fracture Radius & Ulna Left forearm & wound	Invalided to Canada per Burke Cast
Halifax N.S.	14.6.19	Compound fracture Rt hand.	Cat E Cert Medical Board.

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.

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

CANADIAN

CASE HISTORY SHEET.

[redacted] Hospital. Halifax, Station.

No. 282076 Rank Pte Name Bullerwell Age 19

Unit 78 Bn. Completed years of service Where and how long } 2 yrs 5 mos + C 7/12. E 19/12. F 5/12.

Date of admission 20-12-18 Date of discharge + 19.6.19. 12-6-19.

Diagnosis [redacted] Place of origin Cambrai France.

CONDITION ON ADMISSION AND PROGRESS OF CASE

On admission complains of loss of use of R hand.

Wounded 8/8/18 bullet entry back of hand. Fracture of bone in carpus.

Healed about 1st of October, massage for two months.

Scars:- Entrance scar small circular ½" on back of hand about the centre of 4th metacarpal Exit scar over lower third of ulna 3" in length scar tender & slightly adherent.

Wrist extension L 180° R Flexion 15-0° adduction abduction nil.

Fingers, movements at metacarpal phalangeal joints 130° phalangeal joints 150° (each)

Thumb movements good.

8-1-19 Massage + Passive movements to fingers - with splint

To correct deformity. R.S.R. - R.A.M.C.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.) Massage. Commencement of splints & special exercises

12/2/19 Result of any improvement, see attached report

CONDITION ON DISCHARGE, 22/4/19 Slight improvement in movement + strength of fingers

(and disposal made of case.) 15/5/19 Recommended for final board by medical board

Date [redacted] Medical Officer i/c case.

Result shows considerable improvement over last time of admittance

M. F. B. 313a.
200M. 5-18.
1772-39-439.

Station and Date.	
	slightly flexed position.
	Entrance wound on dorsum right hand towards the base of the 4th & 5th
	Meta carpals quite healed but there is some oldema & hand
	looks slightly shiny & swollen.
	Exit wound on Ant. (palmar) surface of R. forearm is fairly
	clean but gaping, it is about 1" wide by ¼" long. & shows
	healthy Granulations.
	Wrist cannot be extended to more than in line with forearm
	& all fingers are very stiff. Both wrist & fingers can
	only be flexed about ½. To report daily to ascertain if
	extension of wrist improves by patients own manipulation, if not
	advise Anaesthetic, forced extension & splinting.
	Massage to wrist & fingers daily. A. V. Burton Wilkes
	? A. T. B. 179. D. & C. Capt. Can.
17.10.18.	There has been some improvement in extension of wrist by
	forcible manipulation daily. To carry on with forced movements &
	massage. Recommend transfer to 9.C.S.H. Buxton. ABW.
12-11-18.	To 5 C.G.H. Hosp Kirkdale
9th 5	C.G.H.
	Kirkdale
15-11-18.	Chief complaint is injury
	to 5th Meta-carpal and adjoining
	carpal bones. Also lesion of ulnar
	nerve. Thumb normal. Movements
	of wrist limited. Can extend fingers
	fingers but cannot fully close the
	hand. Sensation lost over area
	supplied by ulnar nerve to wrist & hand.
	Reflex system normal. A & E
	A Atkinson Capt

Forms
I. 1237
·12

6

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T. 511	257698	Pte.	Bullerwell	Clayton. Webster.
Year 1918	Unit. 78th Can Bn. 4th Div.		Age. 19	Service. 2 5/12

Station and Date.

Disease G.S.W. Rt. Hand Rt. Arm

TAPLOW
BUCKS
THE CANADIAN GENERAL (DUCHESS OF CONNAUGHT'S CANADIAN RED CROSS) HOSPITAL

TAPLOW
Aug. 17

Admitted Aug. 8th. near Arneke - 7. C. F. A.
48 C.C.S - 9-8-18 - 12 Gen. Hosp. 10-8-18 - Bullet
lodged passing from dorsum of Rt hand to palmar
aspect of arm - forearm.
Arrived Taplow Aug 14th
Present Condition G.S.W. R forearm Entrance
wd as. two of 4 metacarpal. two Posterior.
Exit wd 4" x 2" to two inches over ulnar
flexor surface. Tendons Exposed. wd looks
clean. Some sinuses from ent. and exit
17-8-18 X Ray report - fracture through the base of 5th
metacarpal - implicating the cuneiform
possibly cuneiform - radius & ulna show
no sign of fracture
18-8-18 Urinalysis - Negative
22. 8. 18 wd doing well for
27-9-18 for Secondary Suture.
Oct 2/18 Taken to O.R. & secondary suture done.
Also wrist & fingers manipulated.
Plus.
Should have passive movements for wrist &
fingers
Plus.
6. 10. 18. Logo b/A.D.
D.W. Bamber Capt
15. 10. 18. R. wrist held in flexed position - Transverse wrist chop. fingers held in

A.T.S. 500/14-8-18 - 500/22-8-18 - 5.00/28.8.18 - 300/30.9.18

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

55 B33 (Bullerwell)

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? .....

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. ..... no ..... If not, give:—(a) Date of discharge ..... June 21. 1919 no (b) Reason for discharge ..... Medically unfit .....

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 ..... no .....

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 from 29-3-18. to 13-8-18, 78 Bn France .....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... no

(b) If so, are you in receipt of full pay and allowances from that Department? ..... no .....

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: H W Bullerwell

Place of Residence: Pleasant Lake Yarmouth N.S.

Declared before me at: Halifax

This 19th day of June 1919

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent
20/6/19	70 00	Nil

Certified Correct.

District Paymaster.

War Service Gratuity	Net amount due
183 days	$ 420.00
less wpg	70
	$ 350.00

L-A 91

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

1452

3407

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 Clayton W. 2. Surname Bullerwell

3. Rank Pte. 4. Original Unit 219 Bn 5. Reg. No. 282678

6. Address, in full, to which future payments of gratuity are to be forwarded Pleasant Lake, Yarmouth Co. N.S.

7. Date of enlistment in the C.E.F. 8-3-16

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge not applicable

9. Relationship of such dependent not applicable

10. Present address, in full, of such dependent not applicable

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:—
from 12-10-16 to 15-12-18
219th England & 78 France

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 units 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 8-3-16 219th Bn. Canada; England, 78 Bn. France from 21-3-18 to 13-8-18 England & 6. D.D Canada

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

M.F.W. 2595.
1772—39—1389.
122—D.P.—250M-2-19.

PATHOLOGICAL LABORATORY

Lab. No. 817

Date 18.8.18.

Ward 2 II

Name Butterwell Regtl. No. 282678 Unit 78th Can

URINALYSIS.

Quantity in 24 hours _____ Sp. Gr. 1008 Reaction acid

Consistence transparent Colour Lambed Sediment none

CHEMICAL.

Albumin approx. Neg. Sugar Neg Urea _____

Remarks _____

MICROSCOPICAL.

Casts _____

Pus _____

Blood _____

Other Elements _____

C D Jorgenson Capt CMC
Pathologist.

C.A.D.C.5009. 50M-3-5-18.

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No.	* NAME	RANK	UNIT
282678	BULLERWELL C.W.	Pte	78 Bn

Date of Examination	Nov. 17. 18
Present Dental Condition	POOR
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?	
Has he ever declined Dental Treatment?	
Recommendation	Fillings Treatment in Canada

Date Nov. 17. 18

Station Nos 6 Cgt Liverpool

Signature of Examining Officer A. E. Mullin Major ~~Capt.~~
per AK C.A.D.C.

* Name should be entered in block letters.

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 219th O.S.H.By., C.E.F.

Regimental No. 282678. Rank Private. C. E. F. Name Bullerwell, Clayton Webster.

Enlisted (a) 8/3/16. Terms of Service (a) Duration of War. Service reckons from (a) 8/3/16.

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

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

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked Canada.	Halifax.	12/10/16.	
		Disembarked England.	Liverpool.	18/10/16.	
23-1-17	219th Bn	Transferred to 17th Can. Res Bn	Bramshott	23-1-17	Part II Orders #23 Jno Roper Adjt 210th. "Overseas" Highlanders
~~23-1-17~~	~~O.C. 17th.~~ Res Bn	~~Taken on strength~~	~~Bramshott~~	~~23-1-17~~	~~P. II Orders "18"~~
8.2.14	OC 14th Bn	Transferred to 161st Bn	Bramshott	8/2/14	Part II O 33 J.Y. Greenslet Lieut., Asst. Adjt., 17th Canadian Res. Batt.
9-2-17	161st Bn	Taken on Strength 161st Bn C.E.F.	Witley	8-2-17	Part II Order 38

(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.

[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				
8.3.18.	161st Bn.	Absorbed into 4th Cdn. Res. Bn, Bramshott, and S.O.S. 161st Cdn. Inf. Bn ✓	Witley. Lieut. a/Asst-Adjutant, for O.C. 161st Canadian Infantry Battalion.	8.3.18.	Pt II No 41.
9-3-18	O.C.4th. Res.Bn,	T.O.S. 4th.Can.Res.Bn. ✓	Bramshott	8-3-18	Part II Order No. 58
29-3-18	O.C. 4th Res. Bn.	Having proceeded overseas to 18th Battn. is S.O.S. 4th Res.Battn. ✓	Bramshott	28-3-18	Part 2 Order No. 75. J. E. Kylie ..... Lieut. A/Adjt. 4th Canadian Res.Battalion.
29/3/18	21/82	Arrives & S.O.S. to 6a Kb		29/3/18	WR Pte 27d/5/18
30/3/18	6KL	" " 6a Kb		30/3/18	"
		Transf to 78th Bn		2/4/18	
3-4.18	a a G	T.O.S. 78th Bn on transfer from 18th Bn		3-4.18	KR S 290-241/1 Gaz 25-4/9/18
6-4.18	Unit	Joined Unit		3-4.18	B213
13-4.18	"	Granted 1 S.C. Badge		8.3.18	B.213 Gaz. 29-7/9-5-18
12.8.18	12 Res Fus	GSW R Hand Arm to Eng		12.8.18	W/S 8093
10.8.18	12 "	" " adm 12 Fus		10.8.18	W/S 8393
12.8.18.	Guildford Castle	Wounded & Posted to Man. Reg. Dep. Seaford		12.8.18	W3083/5754 D.O. 78/18 J. Anderson Lieut for Lt-Col. A.A.G. Can. Sec.

CERTIFIED TO BE A TRUE COPY
24 DEC 1918
CAN. RECORDS

2nd Sheet.

Army Form B. 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps _____ Regimental Number 282678

*Substantative Rank _____ Surname Bullerwell Christian Names Clayton Webster

*Acting Rank _____

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

(A) Report Date.	(A) Report From whom received.	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
21-8-18	MRD	233	Taken on Strength	Seaford	12-8-18	WR 12-11-18
28/12/18	O/Seas	2/O/S 10/12/18	Posted Hosp Sect 28/12/18 DO 255			
17/6/19			Trans, to Cas by Halifax			17/6/19
21/6/19	DISCHARGED at Halifax, N. S		DO 170			

[signature] LIEUT:
FOR LT: COL: I/C RECORDS. C.O.M.F.

[signature] Major.
O. C. Hospital Section No. 6 D. D.

[signature] CAPTAIN.
O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

To be folded on this line.

Nothing to be written in this margin.

W1889—PP1150 500,000 5/18 G.W.P.Co.(3490)

(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

Nothing to be written in this margin.

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 ? A 143895

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? .....

24. Are you now serving in the C.E.F. ..... no ..... If not, give:—(a) Date of discharge ..... April 11. 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..... no .....
D.S. Pte Bn ... From ... 3/7/17 To ... 9/18 .....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... no
(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: A W Burkhardt

Place of Residence: Yarmouth N.S.

Declared before me at: Halifax N.S.

This 8th day of April 1919.

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

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
APR 10 1919	70.00	Nil.	183 days	$420.00
			less W.S.G.	70.00
				$350.00

Certified Correct.

Paymaster No. 6 District Depot

District Paymaster.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

967

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 ..Frank William.. 2. Surname ..Bullerwell..
3. Rank ..A/Pte.. 4. Original Unit ..2/19th Bn.. 5. Reg. No. ..282685..
6. Address, in full, to which future payments of gratuity are to be forwarded ..Pleasant Lake Yarmouth Co N.S..
7. Date of enlistment in the C.E.F. ..9/3/16..
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..nil..
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 ? ..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:— ..yes..8.5th Bn..3/12/17 to 2/9/18..
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 ..2/19th Bn. Can: Eng 17th Reserve Bn. (Eng) 85th Bn. (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..

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

Name Bullerwell, Clayton Webster Rank Pte. Regtl. No. 282678

Original unit 219th. Present unit 219th. M. or S. Age Religion C. E. Fyle Depot Ref. H.Q. 74-B-727

Port, ship and date of arrival Halifax.. Essequibo.. 20-12-18.

Next of kin W.R. Bullerwell..father.

Address on leave Pleasant Lake..Yarmouth Co., N.S.

Address on discharge

Transportation issued Yes / No Date Character on discharge ((Docs? O.K.)

Previous occupation farmer Date and place of enlistment Yarmouth, N.S..9th.Mar. 1916.

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
10-12-18	T.O.S. No.6 District Depot. DD DO	255
20-12-18	T.O.S. Hospita Section. Camp Hill HS DO	257
16-6-19.	Transferred to Cas. Coy. H.S. D. O. 168	

—Name will be given in full ; surname first.

(over)

Date.	Remarks	Pt. 2 Order No.
21/6/19	DISCHARGED at Halifax, N. S	D0170

M. F. W. 192
150m.—5-18
1772-39-1243

D.M.S. 1300-50M-21-11-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
BULLERWELL	C. W.	282678.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	Man.78.			

HOSPITAL	DATE OF ADMISSION
12 Gen.Rouen.	10-8-18.

1. 15 Can Gen. Taplow. HOSP. 12.8.18
2. [illegible] HOSP. [illegible]
3. 5 C.G. Liverpool HOSP. 13.11.18
4. HOSP.

SW Rt.Hand & Arm. a.t.

DIAGNOSIS

1.

2.

3.

Inv. to Canada 10-12-18

DISPOSITION | DATE

CL. 14-8-18. A291-4.
" 16.8.18 B293 (1)
[illegible] (2)
18-11-18 B374 (2)
17-12-18 B399 (2)

REMARKS

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.		

#282676

Butterville. Pte C.

At present treatment in the case of this man is that of muscle function training. Under this, the function of his fingers, has shown a gradual improvement and while progress has not been rapid - there is ample evidence to justify an ~~excep~~ expectation of still further improvement if this treatment is persisted in for about three or four weeks longer

E. Helsov
Major.
M. O. i/c Treatment Department.

Camp Hill
25.4.19

No. 282678 Name C. W. Bullerwell Sqn., Batty., or Company "C" Corps ~~219th Bn~~ Date of enlistment 8-3-16 G.C. Badges Service or Proficiency Pay

Date of last entry in Company Conduct Sheet 8/10/16 No. and date of last drunk Nil Period not reckoning towards freedom from extra fine 4th Reserve 18 Sheet No. One Signature O.C. Company, etc. Hakent Captain Character fair ~~Good~~ Hak Bullerwell C.W.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				Trans. to 17th Res. Bn, Bromshott 23-1-17, Part II Orders #23					
				Tfd. to 161st Bn 8/2/17		H. K. Emmerson Capt Comdg D Coy 219 Bn			
						[signature] Lieut., Asst. Adjt., 17th Canadian Res. Batt.			
				Awarded One Good Conduct Badge 8-3-18 Auth.		Batt. Orders No. 327		14-5-18	
				Wounded to M R D 12-8-18 Pt 20 78 dy		23-8-18			
								[signature] Lt & Asst. Adjt. 78th Bn	

Army Form B. 122

[P.T.O.

S.O. 785. W7436/1545. 2,500M. M^cC. & Co. Ltd.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

O. H. M. S.

POSTAGE
FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

200M-1-21.

H. Q. Reference

No. 282678 Rank Pte Unit 78 Battalion

Surname Bullerwell

Christian names Clayton Webster

Kindly forward Medals, to which I am entitled by reason of my service in France in the drive at Amiens Aug 8/1918
(Theatre of War)

with 78 Batt
(Unit with which served in Theatre of War)

No [redacted] Pleasant Lake

Town Yar. Co N.S.

County

C. Clayton Bullerwell
(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

No. 282678 ~~282878~~ July P.L. RANK Pte. NAME Bullerwell, C. W.

T. O. S. 8-3-16 D.O.22 / 1-27-3-16. UNIT 219th Battalion, C. E. F.

M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T
1916	1916	
Mar. 8	Mar. 31	✓
Apl		✓
May		✓
June		✓
July		✓
Aug		✓
Sept		✓
Oct		~

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

Reg. No. 882678 Name Bullernell. b M.

Rank A6- Corps 78½ Bn Age 19 Service 6 7/12 E 19/12 F 5/12

Ledger No. 562-2/133 Serial No. 9181

37

HOSPITALS	DATE	DIAGNOSIS
Camp Hill Halifax	20-12-18	G.S.W. Rt Arm & Head O.S.
Div. Unit	?	
Adm Camp Hill Halifax	2-5-19	G.S.W. Rt Arm O.S.
Dis. to #6 D.D.	12-6-19	

P. T. O.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Farmer RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 17 YEARS — MONTHS

HEIGHT 5 FEET 7 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 3 INCHES

COMPLEXION Medium EYES Light Brown. HAIR Brown.

DISTINGUISHING MARKS not stated.

MEDICAL EXAMINATION. PLACE Yarmouth, N.S. DATE Mar. 8th 1916.

Present Address Pleasant Lake, N.S.

C/ SURNAME. Bullerwell

CARD NO. 6

CHRISTIAN NAMES Clayton Webster

FOLL. Sos. 21-6-19 Nv. Dv. 170. 19/6/19

REGL. NO. 282678 RANK pte.

UNIT 219th

Bn.

FORMER CORPS 29th Bty. C. F. A.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Bullerwell, W. R.

RELATIONSHIP TO SOLDIER Father

ADDRESS Pleasant Lake, N. S.

COUNTRY OF BIRTH Canada Pleasant Lake N. S. DATE Aug 5th 1898

PLACE OF ATTESTATION Yarmouth, N. S. DATE Mar 9th 1916.

Sailed from Halifax 12/10/16 Per S. S. Olympic

M/6 20-12-18 243/16

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

RANK ..... NAME .....

AGE ..... SERIAL NO. IN A. AND D. BOOK .....

..... DATE AND PLACE OF ORIGIN .....

..... *DUE TO SERVICE
*NOT DUE TO SERVICE

.....

.....

OSPITAL AS AN ADMISSION .....

WHERE FROM) .....

IT ..... IN CATEGORY .....

INVALID .....

.....

WHERE TO) .....

ITIONS DIAGNOSED .....

DESP. MAY 16 1923
REGN. NO. 1288

REMARKS:-

Number 282678 Rank Pte

Surname BULLERWELL

Christian Name Clayton Webster

Units 18th Can Inf Theatre of War France

Date of Service 28-3-18

Remarks

Latest Address Pleasant Lake.
Yarmouth Co N.S.

Roll No.

200m.-6-21. Stage 19351

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A291	12 U.S.A. Gen Rouen	10.8.18	(78) S.W. R. Hand & arm
B293	15 Can Gen Taplow	12.8.18	"
B374	" 5 Can Gen Heneyvol	15.11.18	" S.W. R. Hand & arm
B399	" Invalided to Canada	10.12.18	"

NAME Bullerwell Clayton Webster

REGT'L NO. 282678

H. Q. FILE NO. 649

RANK AND CORPS Pte 78th Bn. Form 2 19th Bn

FOLLOWS NO.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
H 254 142-6	17-8-18	Adm 12 Gen H Rouen Aug 10th 1918 G.S.W. R Hand Arm
	M of K	W R Bullerwell (father) Pleasant Lake N.S.

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Form R. 149.

Clayton Webster.

Name BULLERWELL. Rank Pte. Reg. No. 282678.

Unit 78th Bn.

Next of Kin Canada.

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
1918.								
10	8.	No 12 (USA) G.H. Rouen		Sw. Rt. Hand & Arm	A2	91	14	3144/10
								17254
12	8.	No 15 C.G.H. Taplow		do.	B293			23945
13	11	5 C G Kirkdale		do	B374			1102
19	12	Invalid to Canada			B399			5810

M. G. Millet ent. Wrist back
Exit inner Mr. Elbow

830. CS 136. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50.)

15 CAN. GEN Hospital.

Ward 7 ff

No. of Bed 55

Date 14-8-18

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
282 678	PTE. BUTTERWELL C. W.	78th CAN 4th DIV.	~~HAND~~ RT HAND & RT. ARM

AGE. 19. ENG.

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

WOUNDED AUG. 8 /18

12th GEN ROUEN

FOR FRACTURE

& F.B.

right forearm & Carpus

Signature of M.O. [illegible]

Date

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 6980

Fracture through the base of the 5th. Metacarpal implicating the Unciform possibly cuneiform. Radius & Ulna show no sign of fracture.

Signature of Radiographer [illegible]

Date

Dyspepsia sheet

Forms
I. 1237.
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	28678	Pte	Bullenwell	C W

Year

Unit.	Age.	Service.
78 Bn	19.	2 & 12

Station and Date.

Disease

9/05 Can Gen Hosp
Kirkdale
L'pool.
15-11-18.

occupation Farmer
Enlisted Mar 8- 1916
Arr Boul oct 21 1915
Arr France May 28. 1918
Reported sick Aug 8- 1918
Hospital
Lapplow Aug 8- 1918

Present Condition
chief disability is injury
to 5th metacarpal & adjacent
carpal bones also loss of ulnar
nerve. Thumb normal movement
of wrist & limited Can extend fingers
but cannot half close the hand.
Sensation lost over area
supplied by ulnar nerve to
wrist & hand other depts
normal

H.S.C. A Allergan Capt

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

365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 4th CAN. Military Hospital 15 CAN. GEN

No. 282678 Rank and Name PTE BULLERWELL C.W Age 19 Service 2 6/12

Disease G.S.W. Rt. HAND Rt. ARM Date of admission 14 - 8 - 15 Date of discharge _____ Result _____

Dates of Observation	aug 13	14	15
Days of Disease			

Temperature Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Temp. discontinued

Pulse per Minute	90	84	80 84 80
Respirations per Minute	24	22	20 18 20
Motions per 24 hours			

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature Rutherford Capt In charge of ca

RECEIVED
CANADIAN RED CROSS HOSPITAL
OCT 1918

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____ Military Hospital _____

No. _____ Rank and Name _____ Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation

Days of Disease

Temperature Fahrenheit

Time A.M. P.M.

107° 106° 105° 104° 103° 102° 98° 97°

8 6 4 2

Pulse per Minute

Respirations per Minute

per 24 rs

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature _____ In charge of case.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

510

ASSIGNED PAY	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- October 1st 1916.		EFFECTIVE DATE:-	
AMOUNT:- 15 00		AMOUNT:-	

NAME:- BULLERWELL Clayton W.

NUMBER:- 282678

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.
Whitfield S. Bullerwell. (Father)	
Pleasant Lake. Nova Scotia.	
Stopped Rtf. 1/13/1918.	

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 21st Battn

DATE ACCOUNT FIRST OPENED:- Nov 1st 1916

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
Do 33- 8/2/17	15/2/17		16th Battn
	1-4-18	26/4	4 Res
35 3/4/18	1/5/18		78th Bn. E
231	1/9/18	20/9	M R D

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
~~5/4/18~~	~~3459~~	~~Topsail. £1-00~~	~~4 87~~				
✓	~~336~~ ✓	~~£7 0 0~~	~~34 07~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Dis to Canada 1/12/18. Auth Paylist 11/11/18/17/65. Ld. bal. 1/6 Cr. Ld Bal. 18 0 Cr

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Brought Forward.								21 61		
April	30 "	33 —		C.O. Con				15			
				Q4005 · 6198 · 26/2/18 · 16th Bn	— 24	-					
				Disch. 57. 3/4/18. 78 Bn	4 46	-			34 91		
		33 —			4 70			15			
May	P.P.	34 10		C.A.P.				15			
				AR 163. 78 Bn. 8.5.18. ✓	4 46						
				AR AR 103 — " — 26.4.18. ✓	3 57						
				AR 321 — " — 19.5.18. ✓	3 57				42 41		
		34 10			11 60			15			
June	P.P.	33 —		C.A.P.				15			
				AR 781 — " — 1.6.18 ✓	4 46						
				" 343 — " — 15.6.18 ✓	3 57				52 38		
		33			8 03			15			
July	P.P.	34 10		C.A.P.				15			
				AR 409. — " — 1-7-18	4 46						
				" - 477. — " — 15.7.18	4 46				62 56		
		34 10			8 92			15			
Aug	P.P.	34 10		C.A.P.				15			
				AR 533 " 1-8-18	3 57						
		34 10		" 2249 15 C G H 19-8-18	4 87			15	73 22		
SEP	✓	33 —			8 44						
				C.A.P.				15			
				AR C2488 - 2/9 - 15 C G H	4 87				86 35		
		33			4 87			15	100 45		
Oct	P.P.	34 10		AR C3042. 15 C.G.H. 10.10.18	4 87			15	98 96		
				Q 4005 · 30. 17/10/18 48 Bn	1 62						
		34 10			6 49			15			

NUMBER 282678 RANK Pte NAME BULLERWELL. GW Canad Gay 15th

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct	Balance Fwd	3 11 10							98 6		
Nov	PP	33		Gen Rem 336 7/11/18	34 07			15	46 76		
				MRP 3529 22/11/18 3 6 Pk Allce Em LPC	4 8/						
V.				" P 41125 24/11/18 " " " Em LPC	24 33				53 69		
		33			63 27			15		LRC Bal.	
Jan				MRB 3459 8/1/19 15 6 9 Hqd	48/				48 82		
					4 8/						
	1 B Sl to Canada 10/12/18 BC 355 21/2/18 MRO										

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 31/5/19

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Pleasant Lake, Yarbs. NS

NAME AND ADDRESS OF NEXT OF KIN: Whitfield R. Bullerwell
Pleasant Lake. Yar. Co. NS.

RELATIONSHIP OF NEXT OF KIN: Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 282678 RANK Private NAME Bullerwell, Clayton W.

IF IN PERMT. CORPS, WHAT UNIT — UNIT 219. Batt. TRANSFERRED TO 17 Res Bn DATE 1/2/17 AUTHORITY

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO 161st Bn DATE 15.2.17 AUTHORITY

PLACE OF ATTESTATION Yarmouth, N.S. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 8-3-16. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $15. DATE EFFECTIVE Oct 1/16.

PAYABLE TO Whitfield R. Bullerwell Pleasant Lake N.S. RELATIONSHIP Father

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

69 C Oct

DATE 1916	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1/10/16														14 10	14 10															14 10					Balfrm Canada
Nov	30	1.00	30 -		30	10¢	3								33 -	99	1/16							97				15	13 20	37 94	9 16		5	4 16	P.T. 185 a Forfeits 12 days Pay. d.w.l.
Dec	31	1.00	31 -		31	10	3	10							34 10	146	15/16	185	1/2					2 43	48			15		20 30	20 96				
Jan 17	31	1.00 10	3	10											34 10													15		15	40 06				
Feby 1-14	14	1.00	15	40											15 40	2207	2/11	15/1						14 60 97	4			15	1 12	40 46	15 00 40 46				Jan to 16 + 3 Eff. 15/1/17 Now 9/1/17 QH005 142-7.2.17
15-28	14	1.00 10	15	40											15 40																30 40			
MAR 1-31	31	1.00 10	34	10											34 10	205	17/3	146	132					4 87 17 03	7 30			15 00		44 20	20 30				
1-30	30		33	-											33 -													15 -		15 -	38 30				
1-31	31		34	10											34 10	14 45	16 44 28 44							9 73 9 73				15 -		34 16	37 94				
June	30		33	-											33	104 72	3/15 13/6							7 30 9 73				15	57	32 54	38 40				QH005 142 1/3.19
July	31		34	10											34 10	179	15/6							7 30				15		22 30	50 20				
Aug	31		34	10											34 10	141								9 73				15		24 73	59 57				
Sept	30		33	-											33 -	312 369 350	13/8 3/7 2/8							7 145 7 30	9 74			15		51 51	44 06				
			367	40										14 10	381 50									138 70	21 91			165 -	1 12	83 34	044				

#282678 Pte Bullerwell. C.W.

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
Fwd																															41 06				
MONTH	PARTICULARS				CR. 1		CR. 2		PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFER-RED PAY	SEP. ALLOE. ENG.														
Sept 30	Bal Ford				~~41 06~~													41 06																	
Oct.	31 days Pte @ 1.10				34 10				Can AP.								15																		
									AR. 394 161 Bn.				9/9/17.	9 74				50 42																	
					34 10									9 74			15.																		
Nov.	30	"	P.T.		33												15																		
Dec	31	"	"		34 10				" 485	"	"		15/10/17.	9 73.																					
									" 521	"	"		21/10/17.	7 30																					
									" 563	"	"		13/11/17	9 73																					
									" 439	"	"		24/9/17.	9 73.																					
																	15	51 03																	
					67 10.									36 49.			30.																		
1918																																			
Jan.	31	"	"		34 10				Cap.								15	85 13																	
									AR 612	"	"		26/11/17.	9 73																					
									" 689	"	"		17/12/17.	9 73																					
									" 646	"	"		5/12/17.	9 73				40 94																	
Feb	28	"	"		34 10.									29 19.			15.																		
					30 80.				Cap								15	71 74																	
									Q4005. A901.				1/1/18.	38.																					
									AR. 143. 161 Bn.				11/1/18.	9 73																					
									" 184	"	"		28/1/18.	7 30																					
														17 41																					
									" 817	"	"		7/2/18.	14 60.				24 73																	
					30 80									32 01			15.	24 73																	
Mar.	31		P P		34 10				Cap.								15	58 85																	
																		37 22																	
									AR 864	"	"		26/2/18	4 87.																					
									Q4005 B181.				18/1/18.	32.																					
														5 19																					
									AR 1958 4 Res				20/3/18	17 03				21 61																	
					34 10.									22 22			15	21 61																	

CANADIAN
ASSIGNED PAY AUDITED
[signature]
AUDIT CLERK
DATE 31/5/19

AUDITOR	PAYMASTER

M. OR S. Esquiho 20/12/18

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

REGT. No. 282678 RANK Pte NAME (IN FULL) Bullerwell Ted

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
100		
10		

ORIGINAL UNIT C.E.F. 219th Bn — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15 00/00 — DATE EFFECTIVE

PAYABLE TO W.S. Bullerwell — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Pleasant Lake N.S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Halifax N.S. — DATE 21-6-19 — REASON Med. Unfit — AUTHORITY D0170 — IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
					11 40	11 40													11 40	
1/12/18 31/1/19	62	110	68 20		11 40	79 60				111 47 15 00			113 49 15 00		05 21 18		51 23		28 37	
1/2/19 28/2/19	28	110	30 80		28 37	59 37				140 27 28 37			159 12 15 00				43 37		15 80	
Mar	31	1 10	34 10		15 80	49 90			CK# 19273	177 16 15 80		15 00	221 39 15 00				45 80		4 10	
Apl	30	1 10	33 00		4 10	37 10			#1798			22 10	15 00				37 10			AP Apl ck# 838
May	31	1 10	34 10			34 10			#2223			19 10	15 00				34 10			AP May CK# 2065
June	21	1 10	23 10	35 00									15 00							AP June CK# 2691
				70 00		128 10			#2748			113 10					128 10			
183 days				420 00		420 00							70 00							
													70					280		888415 21-7-19
													70					210		1128671 22.8.19
													70					140		1513069 15-10-19
													70					70		1513455 23-10-19
													70					Nil		1776204 25-11-19
				420 00		420 00							420 00				420 00			

Certified that all payments due on this acct. have been paid.

[signature] CAPT.

For Senior Officer Pay Services, M. D. 6

30M-11-18.—L.L. 50877-M. & D. 9553.

PART III.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at this day of 191

Signatures of the Board

President.

PART I.

Form (D.M.S. [illegible]2). A.F.B. 179 Canada (Revised). 12485. 50M. 18-2-18.

Reserved for M.H.C.

Regt. No. 282678 Rank Pte Surname Bullerwell Christian Name Clayton Webster

Unit or Corps—(*a*) Overseas from United Kingdom 78 Bn (*b*) In United Kingdom 17 Can Res Bn

Born at—Town Yarmouth County or Province N. S Country Canada

Date of Birth—Day 5 Month August Year 1899 Age 19 yrs. 3 months.

Joined at Yarmouth N.S Date 8-3-16

Former Trade or Occupation Farmer

Permanent marks or peculiarities that will serve for future identification

None

Height—feet 5 inches 10 Colour of eyes brown

Signature of Soldier (*for identification purposes*) Bullerwell C W

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted. Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) Compound Fracture Metacarpal Rt c ulnar nerve involvement

Disabilities Group (*b*) —

Disabilities Group (*c*) —

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	GSW.	France	8/8/18
(*ii.*) As to Group (*b*) above.	—	—	—
(*iii.*) As to Group (*c*) above.	—	—	—

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service

(*i.*) As to Group (*a*) above? No If yes, has Active Service aggravated it? Yes

(*ii.*) As to Group (*b*) above? — If yes, has Active Service aggravated it? —

(*iii.*) As to Group (*c*) above? — If yes, has Active Service aggravated it? —

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above? Yes

(*ii.*) As to Group (*b*) above? —

(*iii.*) As to Group (*c*) above? —

PART I. *(continued)*.

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? yes (ii.) While off duty? no

(iii.) Was a Court of Inquiry held? no (iv.) Where? no (v.) When? no

(vi.) Opinion of the Court? no

6. HISTORY OF THE CASE. *(State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).*

He states he was in perfect health prior to enlistment joined army 5-3-16
England 16/10/16 France 3-4-18 GSW 8/8/18. #77A.
#48 Ces. #12 G.H. #15 C.G.H.

7. PRESENT CONDITION. *(Give previous and present weight if likely to indicate progress of disability.)*

General condition good. Returned again - Small red 1 cm entry mid shaft dorsum 4th metacarpal, healed - 4" granulating wd ½" wide extending upward from one inch above knuckle of ulna along ulnar border of hand. There is considerable induration about this wd & stiffness at wrist joint which cannot be distinguished. Markes stiffness in all digits. Fingers cannot be straightened. Palm. Tenderness on palmar aspect of 5th metacarpal involving musculature. There is considerable tenderness over peripheral distribution of ulnar nerve

8. OPERATION. (i.) Was one performed? yes

(ii.) If so, state what. drainage

(iii.) Was one advised and declined? no

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? no

(ii.) If so, describe. no

10. DO YOU RECOMMEND:—

(a) Fit for duty? no

(b) Fit for base duty? no

(c) Invalid to Canada? yes

(d) Discharge from the Service as permanently unfit? no

Date of Report 4-11- 1918 Signed P.F. Bodington Capt RAMC
Officer in medical charge of case.

Station Tufplus

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

..... { Officer i/c S.M.O. / Hospital Brigade } Strike out one of these.

Dated at ..... Station, on 191

* Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1)? yes
If not, indicate it. —

12. Is the cause of the disability fully indicated in Part I. (2)? yes
If not, indicate it.

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier { Caused? no / Aggravated? no } (b) Misconduct of the Soldier { Caused? no / Aggravated? no }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

15. THE PENSIONABLE DISABILITY.—*see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, ⅛, ¼, ⅜, ½, or all.)

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent?
(ii.) If not permanent, what is its probable minimum duration *(in months)*?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks.

19. Recommendation :—(a) Fit for duty? no
(b) Fit for base duty no
(c) Invalid to Canada? yes
(d) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission.

Date of Board 9/11/18 Signatures of the Board. D.P. Hamilton Major
Carre President.
Pursers Capt RAMC

Station Tufplus

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA. NOV 10 1918 13, BERNERS ST. LONDON, W.1

Approved A.A. McDonald Major, A.D.M.S. Canadians, London Area. A.D.M.S.

Dated at Station 191

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any). (Army Form B 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

Lst 7101 10-7-9 Mil Supt

ESSEQUIBO Sailed December 5th Arrived Dec 20th 1916 Yarmouth

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

B.727 6 P

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 282678 Army Rank Private

Name Buttrwell Clayton Webster.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Manitoba Regiment

Battalion, Battery, Company, Depôt, &c. 78th Bn (Enlisted in 219th Bn 8-3-16)
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge Halifax Nova Scotia Canada

1. *Description at the time of discharge.*

Age years months
Height feet inches
Chest measurement { girth when fully expanded ins. / range of expansion ins.
Complexion
Eyes
Hair
Trade
Intended place of residence (To be given as fully as practicable)

Descriptive marks.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer physically fit for War Service

K.R.O. para 392 sect. 16.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

Wt. W. 13141/283 430,000 3/15 M.&C. Ld. Forms B. 268 39

*Strike out if not applicable.

[OVER.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

War Service Badge Issued,
Class A No. 325035
B. 665866

This space to be for numbers.

1 25-1

3-3-38

Proceedings on Discharge.

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

MEDICAL DOCUMENTS FORWARDED TO ~~S. C. R.~~ B. P. C. ON 11-7-9.

No: 282678

Rank Private

Surname Bullerwell

Christian name Clayton Webster

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 219th Bath

Date of discharge 21-6-19

Place of discharge Halifax N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 20 years 10 months.
Height 5 feet 9 inches.
Complexion Medium
Eyes Brown
Hair Brown
Trade Farmer
Intended place of residence (To be given as fully as practicable.) Pleasant Lake Yarmouth Co N.S.

Descriptive marks
G. S. W. Scar right forearm

2. The above-named man is discharged in consequence of Medically unfit

Authority for discharge.....

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

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.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

K C Comp 3 2 22 BB

M. F. B. 218.

200M.—5-18.
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, and that I have received my permanent discharge certificate.

(Place) Halifax N.S. L W Bullerwell *(Signature of Soldier.)*

(Date) June 19/19 J. L. Madson *(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) June 21, 1919

(Signature) [signature] CAPT. & ADJT. FOR LIEUT. COL. No. 6 DISTRICT DEPOT.

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.)

Nil L W Bullerwell

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

(*a*) General service,	(Category A)	~~(Yes~~ or No.)
(*b*) Service abroad, not general service,	(" B)	~~(Yes~~ or No.)
(*c*) Home service (Canada only),	(" C)	~~(Yes~~ or No.)
(*d*) Temporarily unfit.	(" D)	~~(Yes~~ or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or ~~No.~~)

20. It is certified that the invalid

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

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

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

Category "E".

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.

CAMP HILL MILITARY HOSPITAL JUN 15 1919 HALIFAX, N.S.

President.

PLACE

DATE

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

President.

PLACE

DATE

Members

APPROVED BY

Assistant Director of Medical Services.

DATE 16-6-19

APPROVED BY

Director-General of Medical Services.

DATE

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

JUN 15 1919 HALIFAX, N.S.

STATION Halifax, N. S. DATE 12-6-19.

1. 1 (*a*) Unit #6 Dist. Depot. (*b*) Regimental No. 282678. (*c*) Rank Pte.

(*d*) Surname BULLERWELL (*e*) Christian name CLAYTON.

(*f*) Home address Pleasant Lake, Yarmouth, N. S.

(*g*) Next of Kin Whitfield Bullerwell. (*h*) Relationship Father.

(*i*) Address of Next of Kin Pleasant Lake, Yarmouth Co., N. S.

2. Age last birthday 19. Date of birth 5-8-99.

3. Enlistment, or Appointment (if an Officer) (*a*) Place Yarmouth. (*b*) Date 8-3-16.

4. Personal description:

(*a*) Height 5' 9" (*b*) Weight 140 (stripped) (*c*) Complexion Dark

(*d*) Colour of hair Black (*e*) Colour of eyes Brown (*f*) Identification marks, Scars, etc. G.S.W. scar right forearm.

JUN 16 1919 HALIFAX, N.S. 29-12-1898

5. Former trade or occupation Farmer.

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	Periods From	Periods To
Canada 219th Battalion.			8-3-16	15-10-16.
England 219th "			21-10-16	6-3-18.
France or other theatres of War 78th Battalion.			7-3-18	

7. Original disease, or injury G.S.W. right forearm.

(*a*) Date of origin 8-8-18. (*b*) Place of origin Amiens.

(*c*) Cause Bullet.

M. F. B. 227.

30Un.—8-18.
1772-39-117.

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.)

Impaired function right hand (due to (a & b).

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.)

Man complains of weakness and loss of use of right hand. Scar on flexor surface of forearm just above head of ulna (wrist), running up arm. Scar 4" x 1" adherent and tender. Partial injury to ulna nerve. Entrance scar on back of hand over 4th metacarpal about the centre. Scar small; not adherent; not tender. Old fracture of metacarpal at this place. Sensation is diminished over area of ulna distribution. Movements: Supination and pronation at elbow joint diminished 50%. Wrist extension backwards limited to angle of 180°. Other movements normal. Thumb normal. Index finger limited about 25% at each joint, other fingers about 40%, so that fist cannot be properly gripped, less than 2-% of left hand.

(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. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (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.

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

Wound 8-8-18, T. & T. wound in back of hand and out. flexor surface of forearm where considerable injury to muscles was received, also partial ulna lesion. Operation at Taplow to draw sides of wound together. Healed 15-12-18 2 months treatment in England. 5 months in Canada.

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).)

Nil.

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

Noted.

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.)

N.A.

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? Permanent with possibly slight improvement.

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

Massage, muscle training and gymnasium.

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

No - see attached report.

16. Can the former trade or occupation be resumed? No, because of weakness and loss of movement of right hand.
(If not, briefly state why)

17. Recommendations

Category "E".

J. S. Chisholm
Capt.
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 Soldier 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

C W Bullerwell Rank.
Signature of invalid examined.