DISCHARGE DOCUMENTS

R. O. No.....

H. O. No.....

Name Bullivant, John Robert

Regt. No. 52952 Rank Pte 49969

Corps 10th M.G.C.

Med Unfit

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 3

Proceedings on discharge..... 1

Corps History Sheet..... 1

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids..... 1

Medical History Sheet..... 3

Proceedings of Regt. Court Martial .....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

AFW 192-1
" 399-1
AFB. 122-1

Misc 2
Engd Medal 1922 — 1

A+a+D
AFO/237-4
Discharged 3

403176

26-9
4-9
6-9

3

M. F. W. 62.
100m.—6-17.
H. & S. 1772—39 9/5.

Original.

ATTESTATION PAPER.

No. 529528

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... John Robert Bullivant
2. In what Town, Township or Parish, and in what Country were you born?..... Grey County Ontario
3. What is the name of your next-of-kin?..... John R. Bullivant (Father)
4. What is the address of your next-of-kin?..... Dundalk Ont
5. What is the date of your birth?..... Feb 18, 1888 Canada
6. What is your Trade or Calling?..... Barber
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?.. No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?} Yes

J R Bullivant (Signature of Man).

W. Openshaw (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

John R Bullivant (Signature of Recruit)

Date Aug 2 1915 W. Openshaw (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Robert Bullivant, 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.

John R Bullivant (Signature of Recruit)

Date Aug 2 1915 W. Openshaw (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 Kenora Ont this 2nd day of August 1915.

J Ramsay JP (Signature of Justice)

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

Approving Officer)

Copy

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-39-841.

Description of John Robert Bullivant on Enlistment.

Apparent Age 27 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 2½ ins.

Chest measurement: Girth when fully expanded 35 ins.; Range of expansion 3 ins.

Complexion Sallow

Eyes Blue

Hair Light

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

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 Aug 1st 1915. W. J. Gunne

Place Kenora Ont. Kenora Ont.
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.

John Robert Bullivant 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.

A/Paymr Capt. (Signature of Officer)

Date Aug 2nd 1915 "B" Co., 96th Regt.
Kenora, Ont.
A R Dees Capt
OC A Sec #17 Ad. Orel

No. 10 DISTRICT DEPOT
DISCHARGE SECTION

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

10726

This is to Certify that No. 529528 (Rank) Pte.

Name (in full) John Robert Bullivant enlisted in

the 10th F. A. C.E.F.

CANADIAN EXPEDITIONARY FORCE at Kenora on the 2nd

day of Aug. 1915

HE served in 10th F. A. Belgium - France 20 Months

and is now discharged from the service by reason of ☆ C. O. 30 - 364 D. O. 36 ☆

Medically Unfit R.O. 1420 (a)

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

Age 31 years

Height 5' 4"

Complexion Fair

Eyes Blue

Hair Light

Marks or Scars — Nil —

Bullivant J. R.
Signature of Soldier

Lt. Col.
Officer Commanding No. 10 District Depot
Issuing Officer

Rank

Appointment

Date of Discharge 8. 2. 19.

Signed at Winnipeg this 8th day of February 1919

in Military District No. 10.

File Reference No. 44-B-1761

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

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

No. _____ Station _____ Date _____ 19

REQUIRED for Baltimore

Passed AM

Clear Bridgeville

Do

1022

all —

—

nj

Name Bullivant Enl. 2-8-15.

Date of Embarkation for England 2-3-16.

Proceeded to France. 3-4-16 Returned to England. 1-12-17 Sick

Date returned to Canada. 15-12-18

P.R.2855.

(over)

Cas. Shurr

14-11-17 - M. a. H. - Lo Eng: 1-12-17

Man. Mil. HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION. Date 15/1/19

Reg'tal No 529528 Rank Pte Name Bullwant J R Unit 10 T D

Bed ..... Ward D

Injury or disease ..... Part affected .....

Treatment or Exam.

Physical Exam of Lungs

Report Movements of Left side of Chest delayed and not so free as on Rt side Expansion 30"-32"

Percussion shows higher pitched note on Left side in front from Clavicle to base. Rales ~~were~~ are present Midway between Lt Clavicle & Nipple and also immediately below and external to Lt. Nipple.

No other abnormality detected.

Signed W J Campbell

E I M C

M. F. W. 2509.

50M.—4-18.
1772—39—1276.

worse

10 CFA

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

M. F. W. 54. (A. F. B. 103.)
250M.—11-16.
H.Q. 1772-39-920.

CANADIAN CORPS.
Canadian Records Office,
Canadian War Contingent Association,
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

Unit, Regiment or Corps No. 10 Field Ambulance C.E.F.

Regimental No. 529528 Rank Private Name Bullivant. John Robert

C. E. F.

Enlisted (a) 2/8/15 Terms of Service (a) Duration of War Service reckons from (a) 2/8/15

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) Bugler

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 at St John N.B. March 2nd 1916 Arrived at Bramshott Camp - March 14th 1916			
		EMBARKED FOR FRANCE. Landed At Havre France. 8.4.16.L.R.5210		8 4 16	Lpk 3452 dy 2-4-16
3-8-16	10th b. F.A	Defrived of 3 days pay for contravention of K.R.R.O. 695. 24.4.16.	Field	31.4.16	B2069 Pt II Ords 114 d/21-8-16.
4-8-17	do.	Proc^d on Leave Paris	to	30-7-17	B213. Pt O 54 d/13-8-17.
11-8-17	do	from Leave	do	10.8.17	B213. Pt O 56 d/21-8-17.
18/10/17	"	Sentenced to forfeit 3 days pay Whilst on Active Service, & added to the prejudice of good order and military discipline, & leaving to obey an order given by an N.C.O.		14/10/17	B2069 " 73 . 1/11/17.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, 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				
17-11-17	10 C/Hs	D. A. H So.	C.S.	14-11-17	B213.
14-11-17	do	do Leave	10 C/Hs		
		So.	C.S.	14-11-17	B6864
1-12-17	24 Gen.	Invalided Sick & posted to CAMC Depot Shorncliffe	England.	1/12/17	W3083-14458 PHO 80 of 11-12-17
		"A.S. Ville de Liege	"	"	

A.H. Christie
Capt. for Lt-Col. A.A.G.
Canadian Section G.H.Q. 3rd Echelon. B.E.F.

10.12.17	CAMC Dep	T.O.S. from 1st C. Fld Amb	Shorncliffe	1.12.17	PHD.O. 344.

A.H. Moody ..... LIEUT:
FOR LT: COL: I/C RECORDS, C.O.M.F.

Ad....tad to 1st C.C.D. from Bucl. Pk. D.O. Pt. II. No. 89 1/4/18.

23/4/18. Ceases to be attached on proceeding to CAMC. Depot D.O. No 111. 23/4/18

A.B. Palmer for Adjutant,
Canadian Command Depôt,

24/4/18	Canada	Lieut. from Can Con Camp. to 1st C.C.D.	Shorncliffe	23/4/18	PH2-D0114
26/4/18	do	S. Cons Staff to 1st C.C.D. from Eastbourne	"	26/4/18	PH2-D0116

.....CAPT. ADJT. ADJUTANT
FOR O.C. C.A.M.C. DEPOT

Lieutenant

Army Form B. 103. Regimental Number 57958.

Casualty Form—Active Service.

Regiment or Corps.....

Rank Private Surname Bullivant Christian Name John Robert

Religion..... Age on Enlistment.....years.....months.

Enlisted (*a*) 7.8.15 Terms of Service (*a*) Dur. b. hos. Service reckons from (*a*) 7.8.15

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (*b*) Barber

or Corps Trade and Rate.....

came on B. 150. .....Signature of Officer.

Report: Date	Report: From whom received	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
		Embarked ...			
		Disembarked...			
26.4.18	No. 14.6.4. H.	T.O.S. from 6 Cam. Depot	Eastbourne	26.4.18	Cam. D. 1C/29-4-18
11-7/18	do	S.O.S. to Lim. b Reg Dépt	do	11-7-18	d/25.4.18. Dépôt to 20 Bn 2/11/7/18.
					C.R.E. 20 Corps
23.7.18	came on	T.O.S. from 4 C.C.S.	Specific	11.7.18	Pt. 1 Do. 65
	con	as a patient in Hosp			
1.8.18	do	reported from Hosp.	do	29.7.18	Pt. 11 Do 73.
17.8.18	do	Struck off Strength	do	10.8.18	Pt. 11 Do. 82
		dale			Capt
					came on lay

(*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*) Signaller, Shoeing-Smith, &c.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

182

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				

Army Form B. 103. Temp enlistment discontinued Regimental Number 57957 8

Casualty Form—Active Service.

Regiment or Corps .....

Rank Pte Surname Williams Christian Name Thos Robt

Religion ..... Age on Enlistment ..... years ..... months.

Enlisted (*a*) ..... Terms of Service (*a*) War Service reckons from (*a*) 4/8/15

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (*b*) .....

or Corps Trade and Rate .....

..... Signature of Officer.

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				
		Embarked ...			
		Disembarked ...			
23/7/18	C.A.M.E.C.D.	Tvs Canada S. Ship	S. Ship	28/6/18	D.O.S. 23/7/18
		White ward Lon.			
1.8.18.	"	Class hosp. Witley.	"	29.7.18	D.D.S. 1/8/18.
14/8/18	D.O.	T.V.S. to Can. Forestry Corps. Sunningdale.	"	14/8/18	" to 2 14/8/18.
					O.C. Canadian Stores Records C.A.M.E.C.D.
Discharged 8-2-19 C.O 30 / 364 D.O 36					

5.8.18 O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 6.8.18 Pt.11. D.O. 194

J.A. Duckett Lt. for Lt. Col.

Officer Commanding No. 10 District Depot

for O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale

W L Davies Lieut. R.A.M.C.

For O.C. Base Depot, Canadian Forestry Corps.

(*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*) Signaller, Shoeing-Smith, &c.

[P.T.O.

[M1101] - W6135/M768 1000m 9/16s 153 G & S Forms/B 103/4. E./354.

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				
19.10.18	66. 6 F.C.	S.O.S. BASE DEPOT C.F.C. SUNNINGDALE			PT. II. DO. NO. 2.7.8
		on posting to 121 Co. Dist 55			C.F.C.
	66.	T.O.S. 55 Dist 66 at 121 Coy from			D/050 d/23-10-18
24-10-18	Base Depot 6 F.C.	Base Depot 6 F.C.	Stirling	19-10-18	
					Capt & Adjt 55 Dist 6 F.C.
22-11-18	66 55 Dist C.F.C.	T.O.S. 55 Dist C.F.C. at 121 Coy			D.O. Pt. II No. 56 d/27-11-18
		to Base Depot. C.F.C.	Stirling	22-11-18	Capt. & adjt 55 Dist C.F.C.
	26-11-18	O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale		22-11-18	Pt. 11 D.O. 282
		from 121 Coy Dist 55			
9/12/18	Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 291				
	Ceases to be attached C.D.D. Buxton on embarking for Canada.				
	A. E. Avery Lt. for Lt. Col.				
	Commanding Canadian Discharge Depot.				
EMBARKED S.S. NORTHLAND	R. L. Blandford Capt.				
LIVERPOOL DEC 15 1918	SEP'S ADJUTANT.				
15/12/18	T.O.S. of No. 10 District Depot,				
	Part 2 Order No. 1 Para 39				
	H. E. Patterson Lt-Col.				
	O.C. Canadian Discharge Depot.				

10

C.A.D.C. 5009 A

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

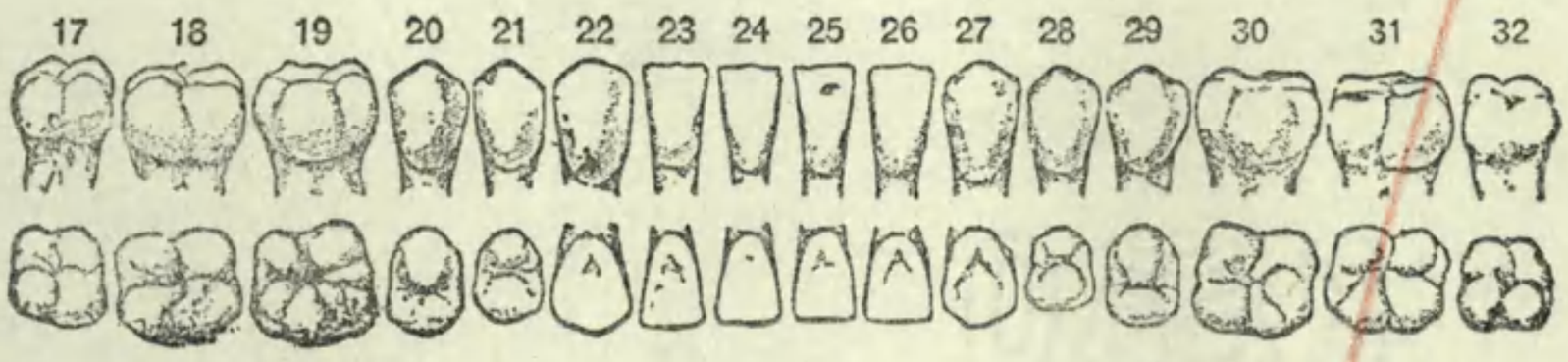
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Bullivant J. R.

REGIMENT C. M. C. RANK Pte No. 529528

Date of Examination in England 7/12/18 | Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 6,
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (*a*) ~~In Canada~~
- (*b*) ~~In England~~
- (*c*) In France

Signature of Dental Officer H Curtin Capt.

A

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank	Surname.	Christian Name.
2773	529528	Pte	Bullivant	J. R
Year 21.6.18.	Unit: C.A.M.C.		Age: 30	Service: 3 5/12

No. 14 CAMBRIAN GENERAL HOSPITAL MEARS, EASTBOURNE, SUSSEX

Station and Date.

Disease Hematuria 2773

Admitted 24/6 Complaining of pain on Voiding and passing blood in urine
ordered X Ray
X Ray reveals Negative Shadow in ureter, Kidney or Bladder (Rt)
Unchanged To Duty
Jno Baker
Capt

DISCHARGED
26 JUN. 1918
To

* 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.

Station and Date.	

Station and Date.	

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2909	529528.	Pte	Bullivant	J. R.
Year 27.6.18.	Unit. CAMC		Age. 30	Service. 35/12

Station and Date.

Disease Haematuria of Orchetis

F.A. Navy

Heart & pneumonia & Jaundice Good

Joined Kenora Aug. 1915

Reached France Feby 1916

Gassed Nov. 1917 Evacuated

Present Complaint

Pain in Testicle & Rt Kidney

was X Rayed, Calc negative to

Stone in Kidney, Testicle (Rt) Wa-

30/6 Swollen Put to bed, Ice Bag ordered

J.W. Baker Capt

Patient complaining of severe

abdominal pain. W.B.C ordered

WBC 33'600 Polys 90% Temp 103.

2/7 Patient feeling much better

J.W. Baker

11/7 Swelling disappeared & allowed

up. Improving

J.W. Baker

Capt

18/7 Improving

27/7 For Discharge Overseas

Category B II Recovered

J.W. Baker

Capt

* 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.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

E II 60

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1606	529528	Pte	Bullwant.	J R.
Year	Unit.		Age.	Service.
26.7.18.	C. A. M. C. (1 F.d. amb.)		30.	3 3/12.

Station and Date

29-4-18

Disease Influenza. 1606

Previous Illness.
Typhoid Fever & Diphtheria
In France 2½ months.
Invalided with M.A.H.
Following from Fever.
St Bartholomews Hosp London
Dec 1st 1917. (9 wks)
Borrowed (2½ wks)
Bexley Park. (7 wks) then
to C.A.M.C. Hospt.

P.C.
About a week ago
caught with a cough &
expectoration & a feeling
of general malaise

P.E.
Face on admission slightly
flushed, is poorly nourished.
Slightly dyspnoeic resonant
apices. Hearts lungs.
Face on is negative

DISCHARGED
4 MAY 1918
To Category B II

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12/16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	
4.5 - 18	Returned + discharged to duty. C. H. W. Smith Capt C.A.M.C.

DISCHARGED
TO 4 MAY. 1918

Forms
I. 1237.
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	529528	Pte	Bellivant.	J A
Year 1918	Unit. C.A.M.C.		Age. 29	Service. 2 yr 30 12

Station and Date.

Clarence House Feb 14th

Disease D.A.H.

Permanent Address Kenora. Ont.

Disability

Previous Occupation Barber.

Enlisted on Aug 1st 1915 at Kenora. Ont.

Foreign Service France Duration 2 yr 12 m.

Disability — Date of Origin — Place of Origin

Concise History (School, games, work, training, past illness, service, onset)

Stay'd a Boy and played all sports.
Worked as a Barber for about 15 years.
Came over with 20 to Field Ambulance.
Had Dysentery in 1909. and Typhoid the
following year. (Tuks). Relapse (Tuks).
Went to France March 1916.
Had no difficulty in Carrying on until Aug
1917. When he was Slightly Gassed. (Shell)
Reported Sick Nov 12th 1917. with praecordial pain
Sent Acom to England Dec 1st 1917.
Doing Stretcher Bearer work. When he Complained
to M.O. Sent to Hospital.

Tobacco. 10 Cig daily. Alcohol Socially.

Causation (a) Active Service. (b)

Present Symptoms

Dyspnoea. Praecordial pain. Slight Vertigo.
Palpitation & Headache (Neuralgic in Nature).

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	
	Present State
	Physique 5 ft 2½ in.
	Teeth Good. Tonsils —
	Appearance Short & Slight Hands —
	Thyroids —
	Pulse before 96. after exercise 144 mins. later
	Heart – Apex Beat Diffuse Apex Beat. just in Mid Axillary Line
	C. A. D. LT Limit Cardiac dulness to LT Mid Axillary Line.
	Sounds Systolic murmur at all areas. ~~Presystolic~~? B.P. 125-80
	Lungs ✓
	Abdomen ✓
	Urine ✓
	Nervous System ✓

L. A. Murray Capt Canada.

Station and Date.	

Forms
I. 1237.
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T 11724	529528	Pte	Bullivant	J R
Year	Unit.		Age.	Service.
	10th C Amc JLB		29	30/12 2/12

Station and Date.	Disease
Bearwood Jan 14/18 Hut 12	D. A. H. praecordial pain G Good J Bell M.O.
18/1/18	Transfer to Bushey Park, complains of praecordial pains - very weak & anaemic & shaky W D Fraser Capt

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps_____ Military Hospital Clarence House

No._____ Rank and Name Bulliwant Pte Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Days of Disease																															
Temperature, Fahrenheit	Time A.M. P.M.																														

107° 150
106° 140
105° 130
104° 120
103° 110
102° 100
101° 90
100° 80
99° 70
98° 60
97° 50

Concert.

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature_____ In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps_____ Military Hospital_____

No._____ Rank and Name Bullivant. Pte. Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation	March 15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	April 1	2	3	4	5	6	7	8	9	10	11	12	13	14
Days of Disease																															
Temperature, Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°	10 0																														
106°	140																														
105°	130																														
104°	120																														
103°	110																														
102°	100																														
101°	90																														
100°	80																														
99°	70																														
98°	60																														
97°	50																														
Pulse per Minute																															
Respirations per Minute																															
Motions per 24 Hours																															

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature_____ In charge of case.

LAST PAY CERTIFICATE

ORIGINAL

Reg'l. No. 529528 Rank Pte Name Bullivant, J.R.

Corps, No. 10 District Depot, M.D 10, who was Discharged.

on Feb. 8th 1919, to

The following is a statement of account of above named from Feb. 1st. to Feb. 8th 1919, inclusive date of Transfer or Discharge.

M.D. NO. 30

DR.		CR.	
Bal.Dr.from Prev.Month		Bal.Cr.fr.Prev.Mo	
Advances by Cheques	No	Reg.Pay 8 Dys	1.00 8.00
	No	Fld.All 8 Dys	.10 .80
Asgd.Pay &S.A		S.A.Monthly C	
Other Charges		Other Allces	
Pay't.on Trans.orDis	43.80	Other Credits Civ.. Cloth	35.00
Bal.Cr.(to be pd.by new Unit)		Bal.Dr.(to be ded-ucted by New Unit)	
Total	43.80	Total	43.80

A monthly stoppage of $ 20.00 has been paid on acc't. of Assigned Pay for month of Jan. 1919) on prev.Acct. & closed

& Sep.Allce.for mo. of Nil 1919)

To Assignee Miss H. Hicks,
135 James Street,
Winnipeg, Man.

REMARKS: Entitled to 183 days W.S.G.

State (1) date of enlistment

(2) if Married & if Sep. Cert has been submitted No.

(3) Cause of Discharge Demob. Auth D.O.36.

(4) Authority for Transfer

I have carefully examined this statement of account and find it to be correct extract from the paylist of the unit.

Date Feb. 6th 1919.

W. Gatenby Paymaster
Place, Winnipeg, Man. District Depot, M.D. 10.

J.B.
Made up by
D.B.
Checked by

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

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

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

1. Christian names John Robert 2. Surname Bullimant

3. Rank Pte 4. Original Unit 10th 7 a 5. Reg. No. 5-295-28.

6. Address, in full, to which future payments of gratuity are to be forwarded 135 James St. Winnipeg, Man

7. Date of enlistment in the C.E.F. 2-8-15

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge none

9. Relationship of such dependent not applicable

10. 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? not applicable.

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:—
France - 10th 7 a. 3.4.16 to 1.12.17

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 Canada (10th 7 a) 2.8.15 to England. (10th 7 a) 14.3.16. to France (10th 7 a) 3.4.16 to Eng. (Can's D) 1.12.17. to Canada (10 Bn) 15.12.18 to Dis. 8.2.19

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.

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? ..... Not applicable

24. Are you now serving in the C.E.F.? ..... No ..... If not, give:—(a) Date of discharge ..... 8.7.19 ..... (b) Reason for discharge ..... Medically Unfit R.O. 1420 (a)

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 ..... France. 10th F.A. 3.4.16 to 1.12.17.

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 ? ..... Not applicable

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: J. Pellissard

Place of Residence: 135 James Street - Winnipeg Man

Declared before me at: Winnipeg

This 8th day of February 19.19.

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

E. Pitblado K.C. Com. in B.R.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
				$420.00

Certified Correct.

District Paymaster.

K.F.

R—122.

Rank Pte Name ~~BULLIVANT~~ John Robert Reg'l No. 529528

Unit No.10 Field Amb. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Kenora Ont.Aug.2nd,15. Place of Birth Grey County, Ont.

Name and Address, Next-of-Kin John R ~~Bullivant~~ Bullivant, Dundalk, Ont.Canada. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E R.B. No. 4027
F/lo R.L.
Category Can Ob

Discharge, Date and Place Reason Character

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	12 MAR 1916			S.S. Scandinavian
		Embarked for France.	3 APR 1916			Pt. II D.O. 28.
14.8.16	CACHQ.	Attd to CACH 2rs	Field		27.7.16	pt 2 " 32
20.11.17	came.	Adm. No 10 Can. Fd. Amb.	Do.	Pte.	14.11.17	C.L. 9.67. Pericarditis
29.11.17	Do.	Adm No 24 Gen. Hosp	Etaples.	Pte.	20.11.17	C.L. 9.75 Do.
6.12.17	Do.	Adm. 1st London Gen. St. Barts.	London. E.C.	Pte.	1.12.17	C.L. B. 80 D.D.A.M.
11.12.17	10th Fd. Amb.	"Sick." S.O.S to Came Dep.	Field.	Pte	1.12.17	Pt II O. 80 & Pt II O 344 & 10.12.17 Came Dep.
31.3.18	came	On command to 1st C.C.D.	Etaples	"	27.3.18	Pt II D.O. 90 / pt C.C.D.
24.4.18	do	Rtd from "On comm" to 1st C.C.D	do	"	23.4.18	114 / Pt II D.O. 89 4/4/18 1st C.C.D. Pt II D.O. 111 4/23/18
26-4-18	do	SOS to #14 C.C.S. Hosp Eastbourne	do	"	26-4-18	116 / #14 C.C.S. Hosp Pt II D.O. 21 4/30/18

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.
12-7-18	#14 6 Gen Hsp.	S.O.S to 6 Am6 D.	Bx. Eastbourne	10-7-18	P.H. D.O. 33. / Cancelled P.H. D.O. 65 d/23/7/18
12-8-18	6 Am6 D.	S.O.S to C.F.C 6 Base Depot.	S'cliffe	10-8-18	—82 (B.D.C.F.C P.H. 194 d/16/8)
19-10-18	B.D.C.F.C.	S.O.S. to 55 Dist.	" Sdale	18/10/18	-250 (55 Dist. C.F.C. P.H. 50 d/22-10-18)
26-11-18	"	To S from 55 Dist C.F.C	" "	22-11-18	" 282 / P.H. D.O. 56 d/27-11-18. 55 Dist - S.O.S
7-12-18	"	On Com C.D. Buxton	" "	7-12-18	" 292

SOS to Canada MD 10

12 18

B.D.C.F.C Pt. II. O13 d:13-[illegible]-19

L. L. Job 4503.—M. & D. 6332.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Mrs H Hicks

Address Kenora
Ont

$

Rate 50.00

By Whom Assigned Bullivant J R

Regtl. No. 529528

Rank pte

Corps 10th Fld Amb

SPECIAL REMITTANCE

Sched 3 14 16/2/17

PAYMENTS ALSO ACCOUNT IN CURRENT LEDGER.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March		T52271	50 —	
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

L. L. Job 85095—M. & D. 5953.

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

2nd. Contingent

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Miss N. Nicks

Address Kenora. Ont

Rate $20.00 per

MAR 1 - 1916

By Whom Assigned Bullivant J.R.

Regtl. No. 529528

Rank Pte

Corps No. 10 Dist. Amb. Depot.

PAYMENTS SEE ALSO ACCOUNT IN SPEC. REM. LEDGER.

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		$16792	20	

CONSOLIDATED ACCOUNTS

2nd. Contingent MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
1772—39—819.

529528

Sheet No. 2. Miss A Hicks

Name of Soldier Bulbrook J.R.

No 10 Pioneer Amb. Depot

L. L. Job 89002.—Req. 6213.

$ 20 00

MAR 1 - 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	M 691	20	
May		M 3770	20	
June		07045	20	
July		D 6833	20	
Aug.		710476	20	
Sept.		Q 177994	20	
Oct.		R 22540	20	
Nov.		925247	20	
Dec.		E 32932	20	
Jan.	1917	Q 35607	20	
Feb.		Q 41959	20	20
March		U 44569	20	20 B.
April		R 302	20	20 W.
May		P 6634	20	
June		Y 13566	20	20 W.
July		S 20718	20	
Aug.		V. 27012	20	
Sept.		U 33266	20	
Oct.		T 48642	20	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

K.F.

P—56

Rank Pte Name ~~BULLIVANT~~ ~~Bullivant~~ John Robert Reg'l No. 529528

Unit No.10 Field Amb. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Kenora Ont.Aug.2nd,15. Place of Birth Grey County, Ont.

Name and Address, Next-of-Kin John R ~~Bullivant~~ Bullivant,

Dundalk, Ont.Canada. Relationship Father.

Assigned Pay Monthly $20.00 Effec. 1/3/16 Payable to Miss L. Hicks, Kenora, Ont., Can.

Relationship Friend

Separation Allowance Payable to

Relationship

Discharge, Date and Place Reason Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
Mar 1	Mar 31	31	1.00	31 00	31	10	3 10		34 10			12 17	20 00		32 17	1 93	
								≠ ~~7~~ 3									

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

15074 Mar 1/16

RATE OF SEPARATION ALLOWANCE

B

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 529528

Rank Pte. Promoted Reverted Discharge

Soldier's Name G. R. Bullivant

Battalion 76 10 Field Amb. Depot

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Miss H. Hicks

Address Kenora Ont.

Change of Address

1 135 James St. Winnipeg, Man. 30/7/18.

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Oct 31. 1917			400	400		2426-J.22.
Nov	C 55292		20	20		See also account in spec rem ledger
1918	C 64747		20	20	M	
Jan	T 65143		20	20	K	B 5-8106 rtd & Remailed 25-4/18 E&B
Feb	C 98238		20	20		
Mar	a 105522		20	20	✓	
apl	a 2741		20	20	B	
May	H 17405		20	20	✓	
June	E 16403		20	20	✓	
July	V 32004		20	20	✓	
aug	Q 28809		20	20	✓	
Sept	H 43039		20	20	✓	
Oct	J 46589		20	20	✓	
Nov	B 5-8106		20	20	✓	
DEC	M 62674		20	20	✓	
Jan. 19			680	680		

A/c Closed 31-12-18

Ret'd per Northland

Date 26.1.218 M.F.W.187 30/12/18

M.O. Closed E.A. Bradley AMR 25989

CONCLUDED ACCOUNT

M. F. W. 128
400M.—6-17—1772-39- 141
L. L. 22320—M. & D. 1193.

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—1772-38-1141
L. L. 22320—M. & D. 7493.

SURNAME. Bullivant

CHRISTIAN NAMES John Robert.

REGL. NO. 529528 RANK Pte.

UNIT ~~"A" Sect. No 1. Fld Amb~~ No 10 Fld. Amb.

FORMER CORPS nil.

CARD NO. 10

505 Dis Demob 8-2-19

FOLL. DD 36. #10 A D.

NEXT OF KIN.

NAMES IN FULL Bullivant, John R.

RELATIONSHIP TO SOLDIER Bro

ADDRESS Dundalk, Ont

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Grey Co. Ont DATE

PLACE OF ATTESTATION Kenora, Ont DATE Aug 2nd 1915

Trans Auth N. R. 11/16 11/6 26-12-18 246/35-

L. L. 94504. M. & L. 651a. 10/12-3-16 35-2/2

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Barber RELIGION C of C.

DESCRIPTION.

APPARENT AGE 22 YEARS 5" MONTHS

HEIGHT 5' FEET 2 1/2 INCHES

CHEST MEASUREMENT 35" INCHES EXPANSION 3 INCHES

COMPLEXION Clear EYES Blue HAIR Light

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Kenora, Ont. DATE Augt 1st 1918

No. 5/29528 RANK Pte. NAME Sullivant J. R.

T. O. S. UNIT 10th Field Ambulance

Transf. to 1st F.A.D. 1-2-16
(Do 2-2-2-16)

M. D. 10

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Feb 1.	Feb 29	✓		
Mar		✓		
April		✓		

ADM

Number 529528 Rank pte.

Surname BULLIVANT

Christian name John Robert.

Units 6th M.G. Theatre of War France

Date of Service 3-4-16.

Remarks

Latest Address 135 James St.,
Winnipeg, Man.;

Roll No. B

200m.-6-21. Page 192 66

(This form to be filled in by all ranks on voyage to Canada.)

M.D. No......

NUMBER RANK SURNAME INITIALS

....

Full postal address..... .....
(Street) (City or Town) (Province)

Name of one person to be notified of arrival.....

Address.....

Railway Station in Military District to which a furlough warrant is required.....

..... Railway.....

If married, is your wife on board.....Number of children on board.....

Their destination.....

DESTRICT 23 1924 REGN. NO. M.S.D. 7

(Sgd.)

Form DMS 1401.

Busby Park Can: Conval: Hospital, Bear Wood HOSPITAL.

A. & D. CARD

AT

A. & D. No. OS 11727 PL. OF ACTION Hamc 10th Lincs SICK OR WOUNDED

RANK Pte REG. No. 529528 UNIT

NAME Bullivant J.R. AGE 29 RELIGION C.E.

PLACE IN HOSPITAL Hut 6.12

DIAGNOSIS D.A.H.

ADMITTED 14 JAN 1918 FROM St Barts Hos London

DISCHARGED TO

TRANSFERRED 27 FEB 1918 Busby Park

SERVICE AT HOME 1/12 IN FIELD 1/12

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A67-1.	No 10 Can. Fld. Amb.	14-11-17	Pericarditis -
A.75 (11)	No 24 Gen Etaples	20-11-17	" " " to A.M.C.
B113	Ex 1st London Gen. St Bartholomews & to Can Conv Bear Wd. Wokingham	15-1-18	D. D. A. H. " " " "
B133	Ex " " " " " Kings Can Conv. Bushy Pk	8-2-18	D. A. H.
B172	Discharged	27-3-18	" " "
C200	14 Can Gen Hosp Eastbourne	26 27-4-18	Influenza (cadre)
C207	Discharged	4-5-18	"
C251	14 Can Gen, Eastbourne	23 24-6-18	Hematuria
C251	Discharged	26-6-18	" "

NAME Bullivant J. R.

RANK AND CORPS Pte. 10th F.A. C.E.F.

REGT'L No. 5-295-28

H. Q. FILE No. 649.

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY

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

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

Form R. 149
7106—250m—7/2/17.

JOHN ROBERT.

Name BULLIVANT Rank Pte Reg. No. 529528

Unit C A M C. ~~No 10 Field Ambulance~~ ~~Depot~~ C. 14 Gen

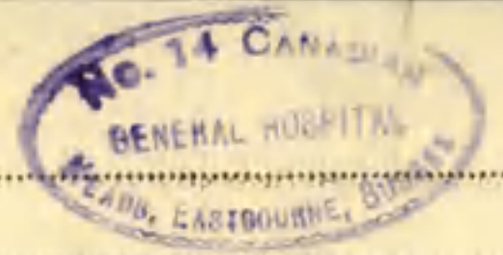
Next of Kin Canada

O.C.

Date 1917		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14-	11	10 6 J A.		Pericarditis	A 67		7084
20-	11	24 Gen Hos	Etaples	"	A 74		16553/2
1-	12	1st Con Gen. (Section)	St Bartholomew's EC	DAH	B 80		7569
15-1-	18	Can Con	Bearwood	"	B 113		10576
8-	2	K C R X Can	Bushy Pk	"	B 135		12189
27-	3	Convalescent	"	"	B 172	NK	14026
27-	4	14 Can Gen	Eastbourne	Influenza	C 200	✓	17133
4-	5	Convalescent	"	"	C 207		14864
24-	6	14 Can Gen	"	Hematuria	C 256		20355
26-	6	To Duty	"	"	C 257	NK	6056
28-	6	14 Can Gen	"	Hematuria	C 256		20352
29-	7	Discd	"	"	C 278		6945

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

Form DMS 1401.



A. & D. CARD

..... HOSPITAL.

AT .....

A. & D. No. 2909. PL. OF ACTION .....

RANK Pte. REG. No. 529528. UNIT 6a. M.B. 14th C.G.H. SICK OR WOUNDED

NAME Bullivant J. AGE 30 RELIGION C of E.

PLACE IN HOSPITAL B2.

DIAGNOSIS Haematuria.

ADMITTED 27 JUN 1918 B'n. FROM .....

DISCHARGED 20 JUL 1918 B'n. TO C.A.M.C. S'cliffe

TRANSFERRED .....

SERVICE AT HOME 3 5/12. IN FIELD .....

RESULTS E.O.S. 14 C.G.H. for posting to 6a M.B. Regt. Depot 19/7/18.

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

Form DMS 1401.

A. & D. CARD

.....HOSPITAL.

AT.....

A. & D. No. 2773 PL. OF ACTION.....

RANK Pte. REG. No. 529528 UNIT C.A.M.C. att. 14th C.G.H. SICK OR WOUNDED

NAME Bullivant J.R. AGE 30 RELIGION C. of E.

PLACE IN HOSPITAL B2

DIAGNOSIS Haematuria.

ADMITTED 23 JUN 1918 B II FROM.....

DISCHARGED 29 Jun 1918 B II TO 14th C.G.H.

TRANSFERRED .....

SERVICE AT HOME 35/12 IN FIELD.....

RESULTS .....

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

REMARKS.

MEDICAL HISTORY

	Requested From	Date	Reply	Date
1				
2				
3				
4				

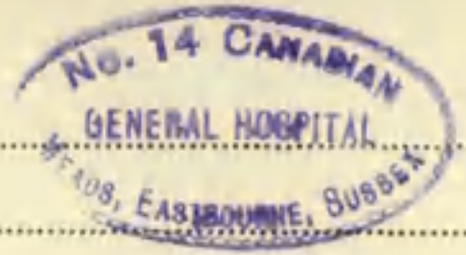
Orig. ~~Dup.~~ Recd. from [illegible] 1/5/1918

Orig. Dup. Sent to [illegible] 3/5/1918

from Regr. this Orig. Dup. / /19

Ward

Form DMS 1401.



A. & D. CARD

..... HOSPITAL.

AT .....

A. & D. No. 1606 PL. OF ACTION .....

RANK Pte REG. No. 529528 UNIT 6a. M. G. (via 9th) SICK OR WOUNDED

NAME Bullivant J.R. AGE 30 RELIGION C of E.

PLACE IN HOSPITAL E2

DIAGNOSIS Influenza

ADMITTED 26 APR 1918 B II FROM 14th Can. G. Hosp.

DISCHARGED 4 - MAY 1918 B II TO 14 C.G.H.

TRANSFERRED .....

SERVICE AT HOME 33/12 IN FIELD .....

RESULTS .....

.....

.....

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

NAME Bullivant J. R.

REGT'L. No. 529528

RANK AND CORPS Pte C.M.R.C.

H. Q. FILE No. 649

FOLLOWS

No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C 256	#14 Can. Gen, Eastbourne	27/2/18	Hematuria
C278	Disch	29-7-18	149

FORM D.M.S. 1300

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
BULLIVANT.	J.R.	529528.

RANK	UNIT	CO.	TROOP	BATTY
Pte.	C.A.M.C. 10FA.	14 F.		

HOSPITAL — DATE OF ADMISSION

10. C.F. Amb. — 14-11-17.

2nd Gen Etaples. — 20. 11. 17.

1. 1st London Gen. E.C. — HOSP. 1-12-17

2. Beaufood Can Con — HOSP. 10. 1. 18

3. Kings Can. Buddy Park — HOSP. 8. 2. 18

4. 14. Can. Gen Eastbourne — HOSP. 24. 4. 18.

DIAGNOSIS

Pericarditis.

1 D.A.H.

2- Influenza Rd. Hematuria

Hematuria. R. Renal

3.

DISPOSITION

C.L. 21-11-17. A67.

30. 11. 17 A750

7. 12-17 B80. 1

18. 1. 18 B113

12. 2. 18 B132

" 30-3-18 B172

30. 4. 18 6200.

8-5-18 C207

28 6 18 C254

5-7-18 C256

31. 7. 18 C278

DATE

Dio. 27-3-18

" 4-5-18.

REMARKS

" 26. 6. 18

Dio. 29. 7. 18

A.M.D. 2 Dept.

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

EPITOMÉ OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.	14 C. G. Eastbourne	24.6.18
2.	14 C.G.H. Eastbourne	28-6-18
3.		
4.		
5.		
6.		
7.		

*Name Bullivant John T. Rank Pte. Regtl. No 529528

Original unit 10th Present unit M. or S. Age 27 Religion C. of E. Fyle Depot Ref. H.Q

Port, ship, and date of arrival 15-12-18 NorthlandArr. Halifax 25-12-18

Next of kin John R. Bullivant, (Father) Dundeek, Ont.

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Barber Date and place of enlistment April 2nd 1915. Kenora, Ont.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
15-12-18	T.O.S.#10 D.D.& Posted to Cas.Coy\ D.O. 7-39	
	14 days landing leave with subs.	

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

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 or Particulars of Recruit	Militia Form	W. 23 / 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.

This space to be for numbers.

3/4/19

Proceedings on Discharge.

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

O.H. 28/2/19

MEDICAL DOCUMENTS FORWARDED TO S.C.R. or P.B.C. on FEB 9 1919

No. 529528

Rank Private

Surname Bullivant

Christian name John Robert

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

Corps (Squadron, Battery or Company) 10th R. A. C.E.F.

Date of discharge 8-2-19

Place of discharge Winnipeg

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 31 years ..... months.

Height 5 feet 4 inches.

Complexion Fair

Eyes Blue

Hair Light

Trade Barber

Intended place of residence (To be given as fully as practicable.) 135 James St., Winnipeg.

Descriptive marks

Nil.

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

☆ C.O. 30 - 364 D.O.30 ☆

Medically unfit R.O. 1420 (a)

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.)

M. F. B. 218.

200M.—5-18.

H. Q. 1772-39-113.

K.C. Comp 20-10-19 M J

(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) Winnipeg..... Bellwant J. R. *(Signature of Soldier.)*

(Date) 8-2-19..... Jas. Dack. Lieut. *(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) Winnipeg.

(Signature)..... Lt. Col.

(Date) 8-2-19. O.C. No 10 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.)

None

Bellwant J. R.

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital Day	Admitted to Hospital Month	Admitted to Hospital Year	Discharged from Hospital Day	Discharged from Hospital Month	Discharged from Hospital Year	Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
Can. Con. Hospital Bushey Park	27	6	18	29	7	18	Tuberculosis of Ovaries	33	Recovered. Discharge To duty. Can. T.B.	Jos Bates Capt A.M.C. Can

ORIGINAL.

B685

MEDICAL HISTORY SHEET

TO OK'D 7/12

Surname Bullwood Christian Name John Robert

Examined on 1 day of August 1915 at Kenora Ont

Birthplace City or Town Fleshertown County Ontario

Apparent age 27.

Trade or occupation Barber

Height 5' Feet 2½ Inches.

Weight 115 Lbs.

Chest measurement Minimum 32½ inches. Maximum expansion 3. inches

Physical development Good

Small-Pox Marks none

Vaccination Marks Arm Right. Left. Number 1 one left hip

When Vaccinated last 1914 Spring

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection Chest measurement slightly lacking but development good

Approved by W. J. Gunne Rank M.O. 52 Batt.

Date	Fit or Unfit	Examined for Re-engagement,	
1.10.18	B(two)	F.H.Sutherland	M.O.
29/1/18	B200	J. Rodgers	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

6 DEC 1917

Date	Result	Vaccinations.	
29/1/18	Vac	Cert Jaundice left hand	M.O.
		Accd	M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
Aug 15	OK	Cert. Jaundice left	M.O.
1.2.31	OK	Cert. Jaundice left	M.O.
Sept 13	OK	to Can	M.O.

Enlisted on 2nd day of August 1915 at Sewell Camp.

	Corps	Regt'l Number.	Habits.	Date.
Joined on enlistment	A Sec #1 F.A.D. Overseas.	529528		
Transferred to..	No. 10. Fld. Amb.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bushy Park	21-3-18	D.A.H.	Bil. L.W. Mitrailleuse

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.

100M.—5-15.
H. Q. 1772-39-439

110

CANADIAN

Surname Bullivant Christian Name John Robert

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of 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.
Bramshott	14/3/16										
1st London Gen. Hospital, (Section) St. Bartholomew's Hospital, London, E.C.		12	12	15	14	1	16	D. A. H.			
Can. Convl. Hospital, Beer Wood.		13	1	16				D.A.H.			
		7	2	16	27	3	16	D.A.H.			
Canue Creek Hampshire.											
									44	Sent back to D.H.C. by reps if repeat treatment. Considered.	[illegible]
								Paracordial Pains			
									49		
								Slightly pained. Occasional pain in the shoulder and in the right. Slight shortness of breath. Weight 118. Slight build. Apex beat just outside the nipple line. Systolic murmur all areas B.P. 125-80. Pulse 120 after test, slight oppression. Rec'd to Hospital.			Capt. Cause
								Recommended Discharge to duty "B" Category 4			[illegible] C.A.M.C. Capt. C.A.M.C. Capt. Cause

ORIGINAL CONTINUED

I O K Wkd

Army Form B. 178

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Bullivant *Christian Name* John Robert

TABLE I.—General Table.

Birthplace { Parish Flesherton / County Ontario

Examined { on 1 day of August 1915 / at Kenora Ont

Declared Age 27 years ..... days.

Trade or Occupation Barber

Height 5 feet 2½ inches

Weight 115 lbs.

Chest Measurement { Girth when fully Expanded 32½ inches / Range of Expansion 3 inches

Physical Development Good

Vaccination Marks { Arm ..... RIGHT ..... LEFT / Number ..... one lt hip

When Vaccinated spring 1914

Vision { R.E.—V= ..... / L.E.—V= .....

(a) Marks indicating congenital peculiarities or previous disease—

none

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

Chest measurement slightly lacking but development good

Approved by .....

Rank .....

Medical Officer.

Enlisted { at Sewell Camp / on 2 day of August 1915

	Corps	Regtl. No.
Joined on enlistment	No 10 Fld Amb	529528
Transferred to		

Became non-effective by .....

on ..... day of ..... 191...

(*Signature*) .....

(*Rank*) .....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

[11,823] W2836/M2217 1,800,000 6/17 W. P. & Co. (1349)

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.)

See sec. 15.

(*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.)

Medically unfit.

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.

E. L. McLaughlin Lieut-Col — *President.*
W. McCrae Capt
Members

PLACE Winnipeg, Man.
DATE Jan. 29, 1919.

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
E. L. McLaughlin Lieut-Col
Assistant Director of Medical Services.
FEB 3 1919
DATE.....

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

S.S. Northland 135 James St, Winnipeg, Man. B-1761

B.P.C. ORIGINAL

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.

STATION Winnipeg, Man. DATE Jan. 29, 1919.

1. 1 (*a*) Unit 10 F.A. C.F.S. 10DD (*b*) Regimental No. 529528 (*c*) Rank Pte.
(*d*) Surname BULLIVANT (*e*) Christian name John Robert
(*f*) Home address 135 James St., Winnipeg, Man.
(*g*) Next of Kin Bullivant, John Robert (*h*) Relationship Father
(*i*) Address of Next of Kin Dundalk, Ontario.
2. Age last birthday 30 Date of birth Feb. 18, 1888.
3. Enlistment, or Appointment (if an Officer) (*a*) Place Kenora, Ont. (*b*) Date Aug. 2, 1915
4. Personal description:
(*a*) Height 5' 4" (*b*) Weight 114 (stripped) (*c*) Complexion Fair
(*d*) Colour of hair Fair (*e*) Colour of eyes Blue (*f*) Identification marks, Scars, etc. 3 Vacc. scars, one on left hip, two on left arm.
5. Former trade or occupation BARber

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	To
Canada	Aug. 2, 1915 Dec. 15, 1918	Feb. 25, 1916 Jan. 29, 1919.
England	Feb. 25, 1916 Dec. 2, 1917	April 8, 1916 Dec. 15, 1918
France or other theatres of War	April, 8, 1916	Dec. 2, 1917.

7. Original disease, or injury GAS POISONING
(*a*) Date of origin Nov. 14, 1917 (*b*) Place of origin Belgium
(*c*) Cause Shell Gas.

Asst Director Medical Services No. 10 FEB 1 1919 Milty. Dist. No. 10, Winnipeg

M. F. B. 227. FM
300M.—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 LUNGS AND HEART. (a) Moderate weakness
(b) Partial loss of function of both lungs amdheart.
(c) Yes (d) No

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.)

He is emaciated and poorly nourished. Trunk sweats readily on examination. Some anemia--conjunctival and buccal mucous membrane pale.

LUNGS.
The chest is long and narrow, flattened antero posteriorly Ribs stand out prominently. Expansion apparently equal both sides. Moist rales heard over right apex in front extending from right clavicle to 4th right costal arch. Roughened breathing over left apex. Moist rales heard in left Axilla. Breath sounds clear at bases both lungs. Moderate dulness on percussion over right apex. He has well marked Dyspnoea, after ten bending exercises, also vertigo.

HEART Apex beat diffuse. Heart sounds clear heard best 5th left interspace ½ in internal to the nipple. Pulse rate 100 per minute at rest. Increases to 130 per minute after 10 bending exercises. Blood Pressure. Systolic 115. Diastolic 84 Returns to 100 after 4 minutes rest.

SUBJECTIVE. He has pain and Dyspnoea in the left side of the chest on slight exertion, such as climbing 1 flight of stairs. He has weakness. He is unable to do the same amount of work as formerly. He can walk ½ mile taking his own time without any

(*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

marked Dyspnoea and pain inthe chest. He sleeps poorly on account of dragging pain in the left chest. He sweats readily.

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

He was gassed Nov. 14, 1917. In Hospital England and France 7 months. Sent back to training depot May 1, 1918. Since going back to the depot, he had had pain in the left chest and Dyspnoea on exertion. Also had weakness, capricious appetite, insomnia and sweated readily on exertion. He couldn't do P.T. at the depot on account of pain in the chest and Dyspnoea.

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*).)

Haematuria. 1918, July. Gave rise to pain and swelling of the testicle. Passed blood in his Urine. Lasted four days. Recovery good. No disability.
Influenza. June 1918. Sick 6 days. Good recovery. No disability.

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

See sec 4 F

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? (a) No No (b) No

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

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

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

Seven months in Hospital England and France.

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

Sanatorium treatment for six months under the I.S.C.

16. Can the former trade or occupation be resumed? No, because of Lung condition.
(If not, briefly state why)

17. Recommendations Discharge, medically unfit and transferred to I.S.C. for Sanitarium treatment.

W McCole 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 J.R. Bullivant 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

Pte Rank.
Signature of invalid examined.

MARRIED OR SINGLE S.

PLACE OF BIRTH Grey County Ont

NAME AND ADDRESS OF NEXT OF KIN J.R. Bullivant
Dundalk, Ont, Can.

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. 529528 RANK Pte NAME Bullivant, John Robert

IF IN PERMT. CORPS WHAT UNIT / UNIT 6th FLD. AMB. TRANSFERRED TO CANCEL DATE 1/1/18 AUTHORITY Request

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Kenora, Ont TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Aug 21/15 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20 00 DATE EFFECTIVE

PAYABLE TO Miss H. Hicks Kenora Ont RELATIONSHIP Friend

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)

C. 1

C

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 C.	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Mar 31			31	-			3 10								34 10										12 17		20		32 17	1 93					
Apr 30	30	1 00	30	-	30	10	3	-							33	-		4	17/4/16						2 61	-		20	-		22 61	12 32				
May 31	31	-	31	-	31	-	3 10								34 10	28	15/5/16							2 56 - 2 56	-			20	-		25 12	21 30				
June 1/30	30	.	30	.	30	.	3	-							33	-	56	14/6	56	14/6					5 11	-		20	-		25 11	29 19				
July 1/31	31	.	31	.	31	.	3 10								34 10	74	28.6.16	90	13.7.16					256 -	262	-		20	.		25 18	38 11				
Aug 1/31	31	.	31	.	31	.	3 10								34 10	116	27/7/16	117	11/8/16					2 61 -	2 61	-		20	.	3 30	28 52	43 69				3.30 Deprived of Sleeping Car Accommodation Gen. Corps 20.695. D.O. 51. 21/8/16.
Sept 1/30	30	.	30	.	30	.	3	.							33	.	130	28.8.16						262 -				20	.		22 62	54 07				
Oct 1/31	31		31		31		3 10								34 10	152 140	28.9.16 20.9.16	160	17.10.16					261 - 262 -	262	-		20			27 85	60 32		20 .	40 32	
Nov 1/30	30	.	30	.	30	.	3	.							33		173	27/10						262 -				20	.		22 62	70 70		.	50 70	
Dec 1/31	31		31		31		3 10								34 10		197 484	28/11/16 dft						261 - 11 33	-			20	.		33 94	70 86		.	50 86	
			30 60				30 60																												
1917 Jan 31	1/10		3 10												34 10		230 241	29/12/16 15/1/17						261 - 261 -				20			25 23	79 73			79 73	
Feb 28	28	.	30	80											30 80		258 245	30/1/17 16/1/17						262 - 261 -				20	.		75 23	35 30				
			401	50											401 50									516	1557	1217	50 -	240	330	366 20	35 30		.	35 30	

529528 Pte Bullivant J R

DATE 1917	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
	Bwd		401	50											401 50									45 16	15 57	12 17	50	240	3 30	366 20	35 30			35 30	
Mar	31	1	34	10											34 10	282	27/2	314	28/3					4 36	2 61										
																270	17/2	299	9/3					2 62	2 61			20		32 20	37 20				
Apr	30		33												33								FR116 8/4				9 73	20		29 73	40 47				
May	31		34	10											34 10	16	29/4							2 62				20		25 24	49 33		Nil		
																2	16/4							2 62											
June	30	"	33												33	27	11/5							2 67											
																444	30/5							2 68				20		25 35	36 98		"		
July	31	"	34	10											34 10	74	29/6							2 68				20		22 68	68 40		"		
Aug	31	"	34	10											34 10	57	13/7							2 68				20		22 68	79 82		"		
																147	7/8							5 36											
																124	18/8							7 13 8											
Sept	30	"	33	—											33	197	30/8	12	1	223	5/9			2 2 8	2 68				20		10 477	805				

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE
1917									
Oct	Bal 30/9	99							805 Nil
Oct	Pte P.	34 10						20	
		34 10		aR 274 11/9/17 10 Fld Amb.	267			20	1948
Nov	Pte pay	33		aR 430 13/10 "	357				
Dec	" "	34 10		" 101 8/10 "	857				
				" 257 3 18/9 "	268				
				Forfeits 3 days pay 14/10 00 70 17/10/17		3 20			
				a Pay				20	
				aR 1363 11 10 Fld Amb	357				
				" 451 12/11 "	1238				
				a Pay Dec				20	
1918									
		67 10		R 10329 14/12 10 Fd Amb	973	3 20		40	678
Jan	P Pay	34 10			36 50			20	20 88
		34 10						20	30 80
									51 68
									54 08
									2.40
Feb	P.P	30 80		aR 2010 24/1/18 Bearwood	487				
				" 2140 26/1/18 "	1947				
				CP 6436 10/1/18 Lôton	487				
				aR 2528 5/2/18 Ca P6.	487				
				a/p.					
		30 80			3408			20	2 40
								20	75 97
									78 37
									34 10
									44 27

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE
									BRO'T OVER AMOUNT PAY ENG.

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:- 20 00		AMOUNT:-	

NAME:- BULLIVANT. John Robert. 409

NUMBER:- 529528

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

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.

Miss N. Hicks
Kenora : Ont:

Stopped off 1.1.19

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C.A.M.C.D
194	1/9/18	20/9/18	Bd. Off. 6 Eng.

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
~~14/4/18~~	~~1559~~	~~696~~	~~4 87~~				
~~5/5/18~~	~~1880~~		~~4 87~~				
			9 74				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Transferred to Canada eff 1.1.19 6/6 NR 5.1.18

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal: Ford:								44 27	Nil	
Apr	P. P.	33 -							11 27		
				Co. P.				20	31 27		
				AR 342: 12/4/18. 1st C.C.D.	4 87				36 14		
				" 355. 29/4/18. 14 C.G.H.	7 30				43 44		
	G/Furs: 27/3/18 - 6/4/18 20. 89 1/4/18 1st C.C.D.	7 30							36 14		
	G/Furs: 27/3/18 : 6/4/18 Do. 89 1/4/18 1st C.C.D. (see above)	~~7 30~~							36 14		
		140 30			12 17			20	2 04		
May:	P. P.	34 10									
				A.P.				20	22 04		
				AR. 458 13/5/18: 14 C.G.H (a6)	4 87				26 91		
				" 672 29/5/18 " a16	7 30				34 21	Nil	
		34 10			12 17			20			
June	Pte Pay	33 -							1 21		
				Cap.				20 -	21 21		
				AR 883 No 14697 13/6/18 a3	2 43				23 64		
		33 -			2 43			20 -			
July	Pte Pay	34 10							10 46		
				Cap.				20 -	9 54		
				AR 1295 No 14697 15/7/18 a3	2 43				11 97		
				AR 1379 — " — 15/7/18 a8	24				12 21		
				AR 1522 — " — 29/7/18 a13	2 43				14 64	9	
		34 10			5 10			20 -			
Aug	Pte Pay	34 10							19 46		
				Cap				20 -	54		
				DNAR 2270 6/6 BD 14/8/18 a12	4 87				5 41	07	
				DNAR 2665 — " — 29/8/18 a13	4 87				10 28		
		34 10			9 74			20 -			
Sep	AP	33		Cap				20	2 72		
		33						20	2 72		
									10 28		

4/19

NUMBER 529528 RANK Ste NAME BULLIVANT. CAP 20.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Fd	33		Forward				20	10 28		
Sept				aR B2905. 11/9/18 BDC 7C	4 87				~~8 98~~		
				B3170 23/11/18 B.D.	9 73				11 88		
		33			14 60			20			
Oct	P.P.	34 10		C.A.P.				20			
				B3685 B.D. 14.10.18	4 87				2 65		
		34 10			4 87			20			
NOV	PP	33		C.A.P.				20			
				1557 121 Co. 14.11	4 87						
				4886 B.D. 5.12	4 87						
									14 71		
~~Dec~~		34 10		CAP				20			
	Stopped 1/1/19	67 10			9 74			40			

DISCHARGED TO Canada 3/12/18
PAY BOOK VERIFIED
C BAL 14 11 L.P.C. REN'D 7/1/18
AUTHY. 676 NR 5/1/18
T.H.C. Morgan

We.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 529528 RANK Pte NAME (IN FULL) Bullivant, J.R. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 10th F.A. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20.00 — DATE EFFECTIVE 1-1-19

PAYABLE TO Miss H. Hicks — RELATIONSHIP

ADDRESS 135 James St. Winnipeg Man.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE Mdo DATE 8/2/19 REASON D. AUTHORITY D.O. 36 IF ENTITLED TO POST DISCHARGE PAY Yes

183 Bty W.S.S.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	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.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																													15	16							9th 15 16 1-1-19
1/1 19 31/1	31	1st	34	10	11	20			45	30			14232		14233				10	14			20	-			15	11	31/1		45	30					A.P.p. 1-1-19 to 31-1-19
1/2 to 8/2	8		8	80	35	-			43	80			15444						43	80											43	80					R.R. 15 12 18 2 D.S.O. 4 Bty 4,11 = 2 D.O. 7 for 35 2 6 8 2 0 36
			42	90	46	20			89	10									53	94			20	-			30	32			104	26	15	16			L.P.C. food.

30M-11-18.—L.L. 50877-M. & D. 9583.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL 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		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

AUDITOR | PAYMASTER

M. OR S. B.1971

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

REGT. No. 529528 RANK Pte NAME (IN FULL) Bullivant John Robert (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 10 & 2a. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 2-8-15. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

ADDRESS 10+19. 470 Main St / 35 James St Wpg.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Wpg. — DATE 8-2-19. — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	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.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
Febry 8	183								420	00	✓				[illegible]		70	00																	350	00	70/- not payment N.S.G.
Mar 5															90 90		70	00																	280	00	70/- 2nd " " "
Apl 5															130945		70	-																	210	-	70/- 3rd " " "
May 5															161591		70	-																	140	-	70/- 4th " " "
Jun 5															196635		70	-																	70	-	70/- 5th " " "
July 5															230345		70	-																	—		70/- 6th " " "
									420	00	✓						420	00															420	00					

Husband Staten
Attd Stretcher 7.226 for 12
Attd DO 1276 27/9/19

Discharged I.S.C. DO. 17-10-1919.
D.R. 290-17-10-1919.

AUDITED JUL 8 1919 Audit Clerk M.D. 10

100M-1-19.—L. L. 53962—M. & D. 9723.
M. F. W. 2596.
1772-39-1390.