REGIMENTAL DOCUMENTS

NAME BUSHMAN JACK Spr REGT. NO. 2188409 UNIT C.R.T.D H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				54380	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	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
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demobilization
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	CADC 5009					
1	Disp. Cert					
1	MFW 67					
6	misc					
1	R 148					39 11
1	Cas card					17 17
1	A F D					9 17
	[illegible]					3

Deceased 12-3-55

W 2589
100M-11-16
1772-23-1572

ORIGINAL ORIGINAL

ATTESTATION PAPER.

No. 2188409

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Bushman
1a. What are your Christian names?	Jack
1b. What is your present address?	837.5th Ave N.W. Moosejaw, Sask
2. In what Town, Township or Parish, and in what Country were you born?	Winnipeg, Manitoba.
3. What is the name of your next-of kin?	George Bushman
4. What is the address of your next-of-kin?	Prince Albert, Sask.
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	June 4th - 1895
6. What is your Trade or Calling?	Fireman
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	
14. If so, what was the nature of the disability?	
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	
16. If so, what was the reason?	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Jack Bushman, 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.

Jack Bushman (Signature of Recruit)

Date Feb 14th 1917 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Jack Bushman, 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.

Jack Bushman (Signature of Recruit)

Date Feb 14th 1917 . (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 Regina, Sask this 14 th day of February 1917 .

(Signature of Justice)

M. F. W. 2a
750M—2-16
H. Q. 1778-29-241

N.B.—Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment.

Description of Buchmann Jack on Enlistment.

Apparent Age 21 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft 6 1/4 ins.
Chest measurement — Girth when fully expanded	34 ins.
Chest measurement — Range of expansion	3 2 1/2 ins.
Complexion	Med
Eyes	Brown
Hair	Brown
Religious denominations — Church of England	
Presbyterian	X
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 Feby 14th 1917. W P Lawrence Lieut

Place Regina Capt

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:—

W P Lawrence Lieut

Thos B Markle MD

CERTIFICATE OF OFFICER COMMANDING UNIT.

Mobilization Medical Board Moose Jaw, Sask.

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

(Signature of Officer)

Major, C'mdg

Date 14th Feb 1917

D.O.R. RAILWAY CONSTRUCTION CORPS

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2188409 (Rank) Spr.

Name (in full) Bushman Jack enlisted in

the Sask. Kly Cons Coy.

CANADIAN EXPEDITIONARY FORCE at Regina on the 14th

day of Feby. 1917.

HE served in France.

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

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

Age 23 10/12 yrs.

Height 5ft 6½"

Complexion Medium.

Eyes Brown.

Hair Brown

Marks or Scars Vacc: L. A.

F. Bushman
Signature of Soldier

T. J. Dimmock
Issuing Officer

Major
Rank

Date of Discharge

Dispersal Station "P"
APR 28 1919
Military District No. 12

Date April 28th 1919

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

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

WAR SERVICE BADGE

ISSUED 28.1.19 {B 67161

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

Sheet No.2.

Army Form B. 103. Regimental Number 2188409

Casualty Form—Active Service.

Regiment or Corps 7th.Bn.Cdn.Ry.Troops.

Rank Spr. Surname BUSHMAN Christian Name Jack.

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

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

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

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

or Corps Trade and Rate .....

Occupation ..... Signature of Officer.

Report: 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...			
7/11 /18	.O.C.Unit.	Sentenced to 7 days F.P.No.2.4/11/18 for W.O.A.S.:- Disobedience of a standing order. in that he failed to report himself to M.O. after having contracted V.D.			AFB.2069 Pt.II.D.O.149 D/21/11/18
12-12-18	34 C.C.S.	V.D.G adm. to	34 C.C.S. A.T.H	9-12-18 9-12-18	A36/4141
12/12/18	51 Gen. Hosp.	V.D.G. Adm	51 Gen.	12/12/18	W3034/5062
29/1/19	C.G.B.D.	L.O.C. for Demob & posted to C.R.T.D. Knotty Ash.		30/1/19	L.R.D. 11 D/1919

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c

(17591.) Wt. W 1887—P 1124. 1,000,000. 6/18. D.S.S. Form B/103. (E. 1256.) P.T.O.

Canadian Section, G.H.Q. 3rd Echelon, B.E.F.

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				
3/2/19	C.C.C.	To Hospital	52 Staty	1/2/19	Letter R36-1

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

Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G.W.P.Co.(3490)

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I. Part I.

(1) *Substantative rank	(2) Regiment or Corps	(3) Regtl. No.
*Acting rank *[To be entered in pencil to facilitate alteration.]	Rly. Con. Co. Regnd	2188409
(4) Surname Bushman		
(5) Christian Names Jack		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

TEMPORARY ORIGINAL NOT AVAILABLE

(10) Enlistment (*b*)

(11) Engagement (*c*)

(12) Service reckons from (*date*)

(13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place)

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(Signature of Posting Officer

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

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

218409 Bushman Jack

War Service Badge
Class "A" No.

(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
			Arrived in Eng		16.3.14	
18.3.14	Depot C.R.T.	D/o 66	T.O.S.	Purfleet	14.3.14	
"	"	"	S.O.S. to 7th C.R.T.	"	14.3.14	
24.3.14	7th C.R.T.	" 70	Embarked from France	"	24.3.14	
29.5.14	"	" 94	Landed in France	Field	29.3.14	

T. O. S. Dispersal Area "P" Saskatoon
27-4-19
D. D. O. ..... for [signature] Capt.
i/c Records.
[signature] for O. C.
DISPERSAL AREA "P"

APRIL 19 CRTD S.O.S. to Kinmel ENCTTY ASD PART 2 89
M.D. 12

S. O. S. Dispersal Area "P" Saskatoon
28.4.19
D. D. O. .....
[signature] for O. C.
DISPERSAL AREA "P"

3/4/19

TAKEN ON STRENGTH Part 11 Ord No. 8
EMBARKED FOR CANADA 16 APR 1919
[signature]
Lieut.
i/c Records, M.D. 12.
Kinmel Park Camp.

Embarked Liverpool SS BELGIC
April 16th 1919
Disembarked Halifax Apl 23/19
[signature] Capt & Adj.

Nothing to be written in this margin.

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 SASK. RAILWAY CONSTRUCTION COMPANY, C.E.F.

Regimental No. 2188409 Rank Pte. Name Jack Buchman

Enlisted (a) 14/2/17 Terms of Service (a) C.E.F. Service reckons from (a) 14th Feb 1917

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) Fireman

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked Canada		16/2/17	S.S. Missanabie
		Arrived Liverpool		26/2/17	Part II D.O. 66.
7/3/17	C.R.T. Depot.	Transferred to Can. Ry. Troops. Depot.	Purfleet.		
13-3-17	Depot C.R.T.	Taken on Strength	Purfleet	17-3-17	Pt II D.O. 66
18/3/17	C. R. T. Depot	Transferred to 4th Bn. C. R. T.	Purfleet	14/3/17	Pt II D. O. 66
29-5-17	4th C.R.T.	Arrived in France	Field	29-3-17	Pt II O. 94

A. R. B. Lyon LIEUT.
FOR LT: COL: I/C RECORDS. C.O.M.F.

CERTIFIED CORRECT. 26 JUN 1917 UNT. RECORDS LONDON.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, 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				
27/4/18	O.C. Unit	On Command to A.D.L.R. Res.	25/4/18		B213-CRTA14177 D/22/4/18
18/5/18	A.D.L.R.4	Joined for temp duty	11/5/18		B213
8/6/18	O.C. Unit	Rejoined Unit	Field	2/6/18	B213.
~~29/6/18~~	~~A.D.L.R. Res.~~	~~Left for Unit~~	~~Field~~	~~29/6/18~~	~~B213~~ Entry cancelled KH.17/986-1 D/11/7/18
13/7/18	O.C. Unit	Granted 10 days Leave Paris	9/7/18		B213. P.II D.o 89 D/20/7/18
25/7/18	O.C. Unit	Sentenced to forfeit 7 days pay 22/7/18 for When on Active Service Absent without Leave from 2.15 pm 17/7/18 to 2.15 pm 18/7/18 (24 hours). Forfeits 2 days pay by R.W.			B2069 P.II D.o 97 D/1/8/18
29/7/18	Can Gen	Infected arm R.	Can Gen.	29/7/18	W3034-W8408
27/7/18	O.C. Unit	Rejoined from Leave	Field	21/7/18	B213
6/8/18	C.G.B.D.	T.O.S. "A"	C.G.B.D.	6/8/18	R&R.1118
6/8/18	Can Gen	Infected arm R. to	E.B. Dep	6/8/18	W3034-W8993
13/8/18	C.G.B.D.	Left for Unit	Field	13/8/18	R&R D1344
17/8/18	O.C. Unit	Rejoined Unit	Field	13/8/18	B213

Form R 122
2353—100M—9-12-16.

JM Rank Name BUSHMAN, Jack. ✓ Reg'l No. 2188409 ✓

Unit Ry. Con. Co. Regina. ✓ If in perm. Corps, What Unit? Married or Single Single. ✓

Place and Date of Enlistment Regina Sask. 14th Feb 1917. ✓ Place of Birth Winnipeg, Manitoba ✓

Name and Address, Next-of-Kin George Bushman. ✓

Prince Albert, Sask. ✓ Relationship Father. ✓

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. V., Ld.—9546-16.

N/E. R.B. No 10851
File R.L.
Category Can OR

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	16 MAR 1917		
18:3:17	Depot. C.R.T	T.O.S, Purfleet	17.3.17. Pt. II DO.66		
18:3:17	Depot. C.R.T.	S.O.S, to 7th C.R.T, Purfleet	17.3.17. Pt. II, DO66		AFB103 checked 14.6.17 JJS.
27-3-17	7th CRT	Embarked for France	Dr	27-3-17	— 70
29-5-17	7th C.R.T.	Landed in France	Field	29-3-17	— 94
2.2.19	"	~~Posted to CRYD.~~	Spr	"	30.1.19 — 12 Cancelled pt II 17. 24/3/19
20.2.19	CRYD.	T.O.S. posted from 7th C.R.T. Sick	"	Knotty Ash.	14.2.19 — 46. 7th C.R.T. pt II 18. 3/3/19
		44-P-174.	"		16.4.19.
4-4-19	"	SOS to MDW 12 Rhyl	"	"	3-4-19 — 89 MD 12 P 17 80 a/4/4/19.
16-4-19.	MD12	SOS to Canada	"	Rhyl	16.4.19 Pt II 90

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.					

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

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

No. 218840 Rank SPR Surname BUSHMAN

(Given name in full) JACK

Unit or Corps C.R.D. Birthplace WINNIPEG MAN CAN

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

1. GENERAL DESCRIPTION:

Physique Good Weight 156 lbs. Height 5 ft 8 in. Colour of Eyes Grey

Nutrition Good

Pulse 72

Condition of arteries

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Nil

Opinion as to general health and physical condition Good

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

Nervous System No Genito Urinary Sytem No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

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

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Ramsgate (Overseas)

Date 24/3/19 Signed [illegible] M.O.

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

Signature [illegible]

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

THIS SECTION FOR USE IN CANADA—

Examined at Saskatoon (Canada)

Date Apr 28/19 Signed [illegible] M.O.

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

Signature .....

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

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

[OVER]

M.F.W. 129.
1038 (D.P.) 500M-11-18.
1772-39-1142.

Original

MEDICAL HISTORY SHEET

ORIGINAL

2188409

Surname Bushman Christian Name Jack

Examined { on 21st day of Feb 1917
at Regina Sask.

Birthplace { City or Town Winnipeg
County Man

Apparent age 21 yrs

Trade or occupation Lineman

Height 5 feet 6¼ Inches

Weight 150 lbs.

Chest measurement { Minimum 34 inches
Maximum expansion 32½ inches

Physical development Fair

Small-pox Marks none

Vaccination Marks { Arm Right X Left /
Number 1

When Vaccinated last Childhood.

(a) Marks indicating congential peculiarities or previous disease nil

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

Approved by

Rank N. R. Steward M.O. Capt Toronto

Date	Fit or Unfit	Examined for Re-Engagement	
7/3/17	A	Recruiting Mgr.	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
21/2/17		N. R. Stewart	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
24/7/17		V.K. Norman	M.O.
7.8.18		Lab Sherwood Jun Pay Bk	M.O.
			M.O.

Enlisted on 14th day of Feby 1917 at Regina

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Sask Rly Const C.E.	2188409		
Transferred to	C.R.T. Depot			17-3-17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Shorncliffe	24/5/19	nil	Not Fit for Cap

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Bushman Christian Name Jack

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
No. 4 Canadian Gen. Hospital, Basingstoke.		13	2	19	10	3	19	Influenza	25	Recovered. Duty	L. C. Skeens Capt

M. F B. 465
100m.—7-16.
1772-39-950

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

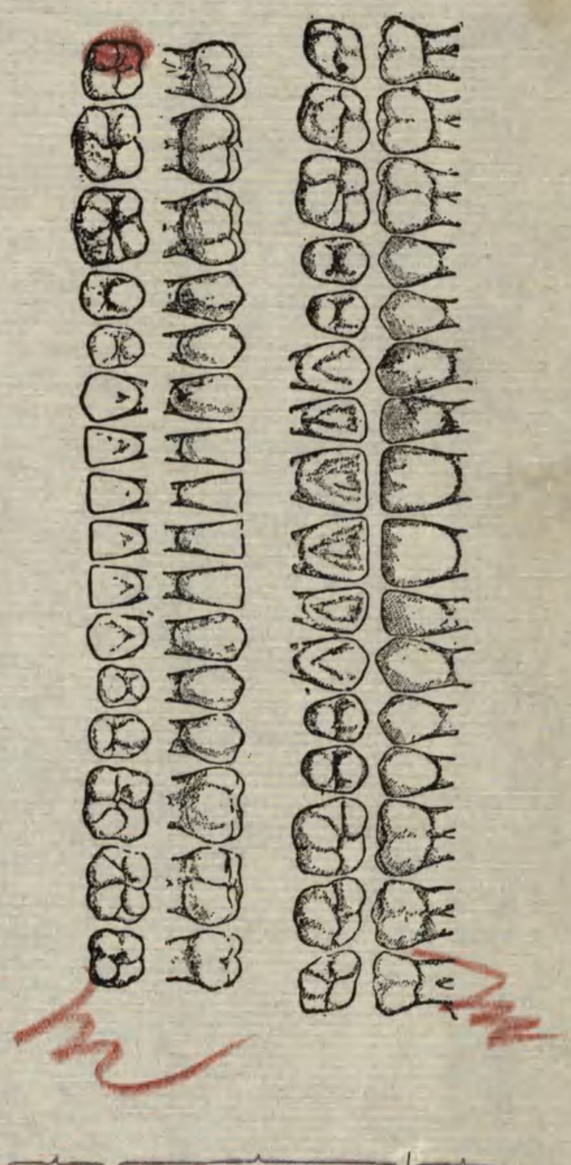
DIVISION.....

NAME OF SOLDIER Bushman J.

REGIMENT Ry Const Corp RANK Pte

No. 2188409

DATE	No.	FILLINGS: Amal.	FILLINGS: Phosp.	FILLINGS: G. Per.	FILLINGS: Cement	Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
Feb 24															Smith	



Red — Condition of mouth at presentation.
Blue — Operations performed by C. A. D. C.

R. F. — Root filling
A. F. — Amalgam filling
C. F. — Cement filling
G. F. — Gold filling
G. B. — Gold bridge
G. C. — Gold crown
P. C. — Porcelain crown
A. A. — Acute abscess
P. — Pyorrhea
X. — Extractions
F. L. — Full Lower
F. U. — Full Upper
P. L. — Partial Lower
P. U. — Partial Upper

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

CANADIAN RAILWAY TROOPS DEPOT,
Knotty Ash Camp, Liverpool.

DATE 24-3-1919.

NAME BOSHMAN. JACK Rank Gnr. No. 2188409.

Visual ACUITY _____ R.E. 6/6 L.E. 6/6

do. with glasses R.E. _____ L.E. _____

Hearing R. _____

Hearing L. _____

Category recommended A

REMARKS:- Eyes correct, visual defect, myopic astigmatism.

This condition was _____ present before enlistment and has not been aggravated by service.

R H Ellis

Capt in R.A.M.C.
Eye and Ear Specialist, C.R.T.D.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BUSHMAN J.

REGIMENT 7th Bn C.R.T. RANK Spr. No. 2188409

Date of Examination in England 25-3-19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
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

KNOTTY ASH CAMP, LIVERPOOL

Signature of Dental Officer C. R. Hurst Capt

Forms
I. 1237
14

Army Form I. 1237.

MEDICAL CASE SHEET.*

10 MAR 1919

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
M4T7628	2188409	Rfn.	Bushman	J
Year.	Unit.		Age.	Service.
	1st C.R.Y.		23	2y/12

Station and Date.	
	Disease Influenza
13-2-19	Occupation - Farmer
	Enlisted - Feb 1917 Moosejaw
	England March 1917
	France March 1917
	Wounds or Illness during Service
	D.C. - Dec & Jan - two months in Hosp apt 30-1-19
	Onset present Illness 30-1-19
	Hospitals. #5 Stat. 1-2-19
	# 1 C.C.S. 13-2-19
	F.M.C - "Debility following Influenza"
	Past Illness Typhoid 11 yrs age
	Fam Hist - Neg
	Present Illness - In bed two weeks. Temp as high as 105. Considerable cough Pain in back
16-2-19	Present Condition - Complains of trouble Cough - keeps him awake most of the night Feels weak.
	At present there is a slight discharge of a fairly clear fluid from the meatus Pt complains of itching inside the urethra
	Examination - Heart sounds Chest Breath sounds Harsh over upper half left lung anteriorly Irregular prolong rhonci at end of expiration at base of left lung anteriorly and laterally.
	Posteriorly Low pitched rales at

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

Station and Date.	
	Both bases.
	Coughing Sound is coarse and shows presence of tight mucus.
	Pt. to get bed apply mustard H.S
17.2.19	Chicken & rabies present at base of Rt. Lung laterally. on deep Insp.
	Apply mustard Heat
21.2.19	Morning Drop Urethral Discharge
	To see Maj Pearce. — "nothing abnormal"
28.2.19	Blood taken for Wassermann
1.3.19	Negative. — Feels quite fit
	to abnormal physical findings
	on Examination.
3.3.19	Duty
	L. C. Steele Capt
Weds. 3/19	V. 6/6 each Eye Has a small amount
	of refractive Error which needs no attention
	Has a small amount of conjunctival
	discharge. He need not be kept in hospital
	for this
	W. H. Lowry Maj.

Report No. 347 W

Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name } Spr Bushman J. #118409 Age 23 Corps 1 C R T.

Disease Susp. Syph. Hospital 4th C.S.G.H.

To Officer i/c Laboratory. Ward G. Upper

Please carry out an examination of the accompanying specimen ~~of~~ Wassermann

with special regard to

Nos. of previous Reports (if any) ——

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 26-1-19 L. G. Reeves
O. i/c Ward.

LABORATORY REPORT.

Contracted G.C. Oct. 1918 Undergoing
treatment until Jan 15.9.
Never had sore or chancre
Never Had blood test or Syph.
Treatment
Only symptom at present, an
occasional clear morning drop.
Wassermann negative

Date of Examination 27-2-19 [illegible]
O. i/c Laboratory.

(S.O. 1462.) W. 4760/Pevl. 6,000 Bks. 3/18.—McC. & Co., Ltd., Ldn.

LABORATORY REPORT

A.G. 10409.
50M-12-2-19.

OVERSEAS MILITARY FORCES OF CANADA.

ROUTE LETTER. No. Mas B- 354

No. 2188409 Rank Pte Name Bushman J. Regiment C.R.T.

Overseas Unit 71h C.R.

has permission to proceed on SICK FURLOUGH (12 Days)

from March Tenth 1919 to Seven p.m. March Twenty Second 1919

for the purpose of proceeding to C/O Mr. Batchen,
Peebles, Scot.

On the expiration of Furlough he will report to C.R.T. Res Battn.

Depot Orderly Room at Knotty ash Camp. Liverpool. Category A.

Station

Date

HOSPITAL REPRESENTATIVE R.A.M.C. CAN. GEN. HOSPITAL 10 MAR. 1919 BASINGSTOKE, HANTS

Capt.
Hospital Representative.

INSTRUCTIONS TO SOLDIERS PROCEEDING ON SICK FURLOUGH.

Passes and Route Letter:

1. If you lose this Route Letter or your Pass you forfeit the balance of your leave and must immediately report to your Depot or Unit, R-O/6.
2. When evacuated from Hospital and granted Sick Furlough, if staying in London more than twenty four hours, soldier must report to 3 Southampton Street, Strand, and have his Route Letter and Pass vised. Failure to do so will render him liable to arrest by the Military Police for disobedience to orders, R-O/1510.
3. Application for extension of leave due to illness must be addressed to the Officer Commanding the Depot or Unit to which you are to report and must be accompanied by a medical certificate from an M.O. or Doctor.
4. Overstaying Furlough will render you liable to be placed on restricted pay, DO-4-AG-22-1-4.
5. Railway Warrants (Travelling)
   You must travel by the shortest and most direct route to your destination.
6. Stating a false destination for the purpose of obtaining leave and staying at an intermediate point renders you liable to be returned immediately to your Depot or Unit. RO-2620-8)10(17.
7. If you lose your Warrant you may obtain another from the R.T.O., but you will be charged up with its value. (D. of S. & T. regulations).
8. Pay:- If you lose your money report yourself at once to the A.P.M.
9. Dress:- Trench Patches (Shoulder Badges, Cloth) of Units in France must not be worn. RO-2156-2-8-17.
10. Sickness:- If you contract Venereal Disease, if in London, report at once to 3 Southampton Street, Strand, where you will be given treatment, if elsewhere, report to the nearest Military Hospital.
11. If you go sick while on furlough, you will find instructions as to what to do on the back of your pass.
12. Allowance in lieu of rations for the period of furlough will be credited to you as per following scale.

Warrant Officers	4s. per day.
All Other Ranks	3s. per day.

On publication of your having proceeded on furlough in Part 11 Orders of your Unit.

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins Forestry Railway Construction Corps

(2) Regimental Number 2188409

(3) Full Name of Soldier Jack Buchanan

(4) Place of Birth Winnipeg

(5) Are you married, or not? Not

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

(b) Present Postal Address 837 Sixth Ave West Moose Jaw

(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.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address G. H. Buchanan Prince Albert Sask

(10) Is your Mother alive? Yes

If so, state name and address Mrs G. H. Buchanan 97 S. 2nd Street E. Prince Albert

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

Are you her sole support, or not? (NW)

(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? Yes

If so, in what Company? New York Life

Have you made arrangements for payment of your Insurance premium No

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

Major, C'mdg.
SASK. RAILWAY CONSTRUCTION RY. C.E.F.
Officer Commanding.

Date Feb 14/1917

GRATUITY (IMPERIAL)

CHRISTIAN NAME	SURNAME	REG. NO.
SCHEDULE NO.	LINE NO.	
UNIT RETIRED OR DISCHARGED FROM		
PLACE OF RETIREMENT OR DISCHARGE		
DATE RECEIVED FROM OTTAWA	IMPERIAL DEPOT NO.	
DATE RECEIVED FROM REG. DEPOT.	DATE FORWARDED TO OTTAWA	

DEP. FEB 1 38
REGN. NO. 150

868—D.P.—40M-1-12-19.

Number 2188409 Rank Spr

Surname BUSHMAN

Christian Name Jack

Units Can Rly Tps Theatre of War France

Date of Service 27-3-19

Remarks ~~[illegible] Milwaukee, Ohio, U.S.A.~~

Latest Address ~~Regina Sask~~ 6/11/25

(~~[illegible]~~)

1893-E.70-St
Cleveland Ohio U.S.A.

Roll No. ~~Rouleau~~ Sask.

28/1/38 200m.-6-21. B Page 21200

SURNAME. Bushman

CARD NO. X

S. O. S. 28-4-19.

FOLL. Demob.

CHRISTIAN NAMES Jack

REGL. No. 2188409 RANK Pte

UNIT Sask. Railway Construction Co. (1st R.D)

FORMER CORPS Nil

auth. PH.11.O.120

g. 30-4-19.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Bushman George

RELATIONSHIP TO SOLDIER Father

ADDRESS Prince Albert, Sask.

COUNTRY OF BIRTH Canada Winnipeg. Man. DATE June 4th 1895.

PLACE OF ATTESTATION Regina Sask DATE Feb 14th 1917

O/S. 13-8-17. 908/3

R/C. 23-4-19. 311/125. Spr. P. 12

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

From Halifax Per. S.S. "Canada" 3-3-17

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Fireman RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 21 YEARS 8 MONTHS

HEIGHT 5' FEET 6 1/4 INCHES

CHEST MEASUREMENT 32 1/2 INCHES EXPANSION 1 1/2. INCHES

COMPLEXION Medium EYES Brown HAIR Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Moose Jaw Sask DATE Feb 14th 1917.

Present address 857 - 5th Ave. N.W. Moose Jaw. Sask.

No. 2188409 RANK Pte NAME Bushman Jack

T. O. S. 14-2-17
M. O. 29 of 16-2-17

UNIT Sask Railway Coast. Coy

M. D. 12

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Feb 14	Feb 28	V		

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
1284	Canton Charles	29-7-18	(?) Infection R Arm
1289	" "	6-8-18	(?) " "
1402	51 Gen Charles	12.12.18	2v
1440	" "	28-1-19	2v
1441	52 Base Hosp	2.2.19	Influenza
1449	Canton Barracks	14.2.19	"
B1469	4 " " Ohio	10-3-19	"

NAME Bushman

RANK AND CORPS Pte. C.R.T.

REGT'L. No. 2188409

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.

Form DMS 1401.

No. 4 Canadian Gen. Hospital, Basingstoke.

D-27-1 HOSPITAL.

A. & D. CARD

AT

A. & D. No. JM 4 T. 7628 PL. OF ACTION France

RANK Pr. REG. No. 2188 x 09 UNIT 7 C.R.T. SICK OR WOUNDED

NAME Bushman, J. AGE 23 RELIGION Prs.

PLACE IN HOSPITAL Gup

DIAGNOSIS Influenza

ADMITTED 13. 2. 19. FROM S.S. Grantully C.

DISCHARGED 10. 3. 19. TO C.R.T. Rrs. Swippoal.

TRANSFERRED 2 mons.

SERVICE AT HOME 2 mons. IN FIELD 22 mons

RESULTS a

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

P.T.O.

REMARKS.

Form R. 149.

JACK.

Name BUSHMAN Rank Spr. Reg. No. 2188409

Unit 7th C.R.T.

Next of Kin George Bushman Prince Albert Sask.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
29.7.18	#7 C.G.H Etaples	C	Infection arm R.	@284		2926/7
6-8	To Base		do	@289		3059/6
12-12	51 G. Hsp. Etaples		20	A442		16319-1
28-1-19	D Discharged		20	A440		17082-4
2-2	52 Sty. Hsp. Havre		Influenza	A441		17109-5
14-2	4 C.G. Hsp. B'stoke		-do-	B449		17001
10-3	D Discharged		-do-	B469		12353
10-3	on 20-3-19 C.R.T.D.			Bas B.		352

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

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

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
BUSHMAN	J.	2188409

RANK	UNIT	CO.	TROOP	BATTY.
Spr.	CRT 7			

HOSPITAL	DATE OF ADMISSION
7 Gnl. Etaples	29-7-18
1. 51 " Etaples	HOSP. 12.12.18
2. 52. Sty. TP. Havre.	HOSP. 2-2-19.
4 C.G.H. Basingstoke	14.2.19
3.	HOSP.
4.	HOSP.

DIAGNOSIS

1. Infection R. Arm a.t.
V.D.G.R.
2. Influenza a.t.
3.

DISPOSITION

C.L. 6-8-18 A284
" 12-8-18 a 289 (2)
20.12.18 a 402-3.
6.2.19 a 440.
7.2.19 a 441
17.2.19 B 449
17.3.19 B 269.

DATE

Dis. 6-8-18

REMARKS

Disc 28.1.19.
Disch 10.3.19.

A.M.D. 2 DEPT.

Bcl[illegible] D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W.23), or Particulars of Recruit (M.F.W.133).
2. Casualty Form (A.F.B.103).
3. Medical History Sheet (M.F.B.313 or A.F.B.178).
4. Proceedings of Med. Board (M.F.B.227 or M.F.W.129)
5. Dental Certificate (C.A.D.C. 5003a).
6. Field Conduct Sheet (A.F.B.122.)
7. Proceedings on Discharge (M.F.B.218a)
8. Discharge Certificate (M.F.W.39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W.39a).
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P.S51).
13. Pay-Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... A

Checked by No. 27

Date..... 23 APR 1919

DISPERSAL STATION P

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge Class "A" No. 67161

WAR SERVICE BADGE ISSUED 28.1.19 CLASS B

1. No. 218407
2. Rank. Spr
3. Name. Bushman Jack.
4. Unit. CRTD. Sask R.C. Coy.
5. Date of Discharge 28/4/19 Place Dunbarton
6. Reason for Discharge DEMOBILIZATION
7. Authority.
8. Proposed Residence after Discharge Category A
   Next of Kin Father
   Intended Town of Residence Regina
   Occupation Farmer Group 1
   Service in France 7/4/15

Embarked Liverpool SS Belgic April 16th 1919 Disembarked Halifax Apl Capt & Adj.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.?

Jack Bushman Received 12

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Dispersal Station "P" APR 28 1919 Military District No. 12

Signature (O. C. Discharging Unit.)

30-25-32

M.F.B. 218a—300M.-11-18—1772-39-113.

P. 559
MARRIED OR SINGLE: Single

PLACE OF BIRTH: Winnipeg, Man, Canada

NAME AND ADDRESS OF NEXT OF KIN: Mr. George Bushman
Prince Albert, Sask

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. 2188409 RANK Pte NAME Bushman, Jack

IF IN PERMT. CORPS WHAT UNIT — UNIT Sask. Ry. Const. Co. C.E.F. (7th C.R.T.)

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Regina, Sask

DATE OF ATTESTATION 14/2/17

ASSIGNED PAY MONTHLY $ ✓ DATE EFFECTIVE ✓

PAYABLE TO ✓

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO

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)

TRANSFERRED TO	DATE	AUTHORITY

RELATIONSHIP

RELATIONSHIP

C I

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.	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
1914			20	40											20 40													Balance from Canada			20 40				
Mar 15	17	1 00/100	18	70											18 70			355	19/3									974		1461	2449		15		
	31		34	10														41924/63	CRTD									487							
April	30	-	33	00											33 00																57 49		30		
May	31	-	34	10											34 10	27	6/4	84	22/4					262											
																		179	10/5					261	267				790	8369		45		
June	30	-	33	00											33 00	178	19/5							267					267	11407		60		
July	31		34	10											34 10																148 12		75		
Aug	31	..	34	10											34 10	212	5-6-17							267					267	179.55		90		
																318	3-7-17													17[illegible]55				
Sept	30	-	33	00											33 00	273	20-6							267					267	5 34	207 21	105		
			240	40											240 40									1591	267	1461				3319				
			255	80																														

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR3	DR.4	BALANCE	DEFER. PAY	SER. REG.	SER. ALLCE.	SER. PAY ENG.
	Bal. 30/9/17	~~207 21~~							207 21				
Oct	P.P.	34 10		AR 371 15-7-17 7th C.R.T.	2 67								
				AR 430 4-8-17	2 67								
				AR 464 15-8-17	2 68								
				AR 510 2-9-17	2 68				230 61				
		34 10			10 70								

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR3	DR.4	BALANCE	DEFER. PAY	SER. REG.	SER. ALLCE.	SER. PAY ENG.
	Forward	34 10			10 70				230 61				
		34 10		AR 552 16-9-17 7th C.R.T.	2 68				227 93	120			
					13 98								

2188409 Pte. Bushman J.

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.	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
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS										DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. SEP. REQ. ALLCE PAY ENG.	MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS						DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. SEP. REQ. ALLCE PAY ENG.
	Forward	34	10											13	38			227	93	120														
Nov	P.P.	33	00	A.B. 660	16-10-17	Yeh								3	57																			
Dec	P.P.	34	10	" 598	1-10-17	"								2	68																			
				" 764	16.11.17	"								3	57																			
				" 705	3/10/17	"								3	57			281	64	150														
		67	10											13	39																			
Jan	P.P.	34	10	ab 817	2-12-17	"								8	92																			
				ab 843	15-12-17	"								3	57			303	25	165														
		34	10											12	49																			
Feb	P.P.	30	80	" 900	1.1.18	"								3	57																			
				" 945	13.1.18	"								3	57																			
				" 1013	5.2.18	"								7	14			319	77	180														
		30	80											14	28																			
Mch.	P.P.	34	10	" 1176	14.2.18	"								3	57																			
				" 1165	1.3.18	"								3	57																			
				" 1285	26.3.18	"								4	46																			
				" 1319	31.3.18	"								3	57			338	70	195														
		34	10											15	17																			

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:–	AMOUNT:–

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

L 5425. 25/3

Kabka

M.D. 12

NAME:– BUSHMAN. Jack.

NUMBER:– 2188409. F

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Spr:

UNIT AND TRANSFERS

ORIGINAL UNIT:–

DATE ACCOUNT FIRST OPENED:– 15.3.17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			7th C.R.T.

Granted W.P. from 15/3/19 to Discharge @ 25% p. day

auth: R.W.P.B. M/19. 15/4/19

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

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	R.A.A. W.P.	SUBSISTENCE ALLOWANCE
	1 . 10		25	
Ledger –	~~4/10.5/~~ 439.51			
Melr –	439.51			

PARTICULARS OF RENDERING NON-EFFECTIVE:– Trans. Can 1/4/19. auth L. 5425. 25/3/19. K.ash/K.ash. M.D. 12.

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS			DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918 Mch: 31	Balce: forwd										338 70	195	
	P.P	33 –		78.	15/4	5 CRT.	3 57						
				185.	25/4	7 CRT.	3 57 –				364 56	210.	
		33.					7 14						
May	P.P	34 10		334	16/5	4 CRT.	5 35 –				393 31	225.	
		34 10					5 35						
June	"	33 –		431	4/6	4 CRT	2 68						
				464	16/6	"	3 54				420 06	240.	
		33.					6 22						
July		34 10		1640.	10/7	Dets Paris	35 69						
				1890	13/7	"	25 69						
				6½2	8/7	4 CRT	8 92						
				2152.	15/7	Dets Paris	35 69						
				2314	17/7	"	35 69						
				581	2/7	4 CRT	3 54				298 91	255.	
		34 10					155 25				333 01		
Aug		34 10		3 of 4 days pay 22/7		AWL 17/7/18	DO 97. 18/4/18	4 CRT 2 tot 9 days.		990	17 93		
				4388	11/8	C G B D.	4 46				315 08		
				82½	16/8	4 CRT	3 54				315 08	265 50	
		34 10					8 03	990			348 08		
							7 14				340 94		
Sep		33.		963	2/9	"	3 54						
				1068	16/9	"	3 54				340 94	280 50	Appeared 23/9/18
		33.					7 14				327 04		
Oct		34 10		6/1189	2/10	"	3 73						
				21/1283.	16/10	"	3 43				364 58		
		34 10					7 16						
Nov		33.									400 58	310 50	
				16/1393	2/11	"	3 43				393 12		
				20/1490	16/11	"	3 43						

COMPILED BY [signature]

CHECKED BY [signature]

NUMBER 2188409 RANK NAME Bushman J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		33.		Brot Forwards	7 46				393 12	310 50	
				7 days. F.P. 2. 4/11/18. Do 14 9 21/11 7 CRT		7 70			385 42		
Dec		34 10							419 52	11 50	
Jan		34 10		46/1624 2/12 7 CRT	13 06	-			406 46		
		101 20			20 52	7 70			440 56	325 50	
		101 20			20 52	7 70					
				4669. 30/1. C.G.B.D.	9 33				431 23		
				14909. 19/1. 4 CRH	4 87				426 36		
				N.D. chgd 12/12/19. 28/1/19 = 48 dys. D.O. 16. 19.2.19. 7 CRT		28 80			397 56		
				15470. 3/3. N°4 CRH	4 87				392 69		
Feby		30 80							423 49		
Mch		34 10							457 59		
	S.F. 10/3/19 - 22/3/19 = 13 dys. N.O. 66. 18/3/19. CRT D.	9 49							467 08		
	Int on def Pay.	21 10		16281. 1073. Bas. 1.	18 67				418 41		
									439 51		
		95 49			67 74	28 86					
	W.P. from 15/3/19 to 31/3/19 = 17 dys @ 25 c/c	18 75							626 26		
	Def Pay Int on above @ 3.75. p.m.no. P.366. 29/1/18	4 88							631 14		
				466. 1/4. CRT D Issue 1	19 47						
				8/5/19 Rly W. 76/168215 Foster London-Lpool. 3	4 02						
				P.866 9/5/19 64 days W.P. Ochgd. @ 25 c/c.	23 49	16 -			591 65		
		191 63			23 49	16					

SOS 16/4/19 SL44

B923- Belgic 23/4/19

AUDITOR	PAYMASTER
[initials]	[initials]

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

M. OR S.

REGT. No. 2188409 RANK Spr NAME (IN FULL) BUSHMAN JACK (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN (struck through): Dominion Bank, RELATIONSHIP
ADDRESS Regina, Sask.

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE
TO WHOM PAID RELATIONSHIP
ADDRESS Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. Rly Cons. IF IN P.F. WHAT UNIT?
PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION 14-2-17. TRANSFERRED TO DATE AUTHORITY
No. 12 DISTRICT DEPOT
ASSIGNED PAY $ DATE EFFECTIVE
PAYABLE TO Nil RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE
DISCHARGED PLACE Regina DATE 28/4/19 REASON Demob AUTHORITY D.O. 120 IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. No. of Days	Rate	Amount	Other Credits		Total Credits	Acquittance Rolls	Cash Payments Col. No. 1	Col. No. 2	Col. No. 3	Assigned Pay	Regimental Charges	Other Charges		Total Debits	Balance Debit	Balance Credit	Particulars or Remarks
BALANCE FROM PREVIOUS ACCOUNT 31/3/19	—			439 51	~~439 51~~	439 51											439 51	~~Cr 439.51 L P/C~~
							1/4/19 CR+D £4.	19 47										
							Boat	4 87										
						74 60	Train	5 =										
1/4/19 6/5/19	36	1.10	39 60	35 =	~~439 51~~	~~514 11~~	Check	554 77					88 / 8 80		593 79	79 68		Dr 8.80 9/8 Days; Dr 88c Kit shortage; Clo all 35.00
			39 60	474 51		514 11		584 11					9 68		593 79	79 68		[signature] CAPTAIN For ASST. DIRECTOR OF PAY SERVICES MILITARY DISTRICT No. 12
				W.S.G.									W.S.G.			Soldier		
	153			350 =		350							79 68		79 68	270 32		12 D.D.
													70 =		149 68	200 32		202843 28/5/19 JUN 28 1919
													70 =		219 68	130 32		621029
													70 =		289 68	60 32		630367 JUL 28 1919
													60 32		350 -	-		639973 AUG 28 1919
				350		350 =							350		350			
				W.S.G.									W.S.G.			Soldier		
				182 63		182 63										182 63		W.P. 15-2-17 to 28-4-19 @ 25¢ [illegible] 6.25-11-19.
													182 63		182 63	0 —		763-4387 NOV 28 1919
				182 63		182 63							182 63		182 63			

WAR SERVICE GRATUITY M.D. 12

I certify that all payments due on this account have been completed
[signature] Capt.
Paymaster War Service Gratuity
Military District No. 12.

GENERAL AUDITOR'S DEPT.
AUDITED
OCT 25 1919
DISTRICT AUDITOR M.D. 12

GENERAL AUDITOR'S DEPT.
AUDITED
JAN 7 1920
DISTRICT AUDITOR M.D. 12

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	