Orig 339 338

ATTESTATION PAPER.

No. ~~339~~

Folio. ~~338~~

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Bertram William Culyer.
2. In what Town, Township or Parish, and in what Country were you born? ..... Windsor, Berks, England.
3. What is the name of your next-of-kin? ..... Father, Dec'd.
4. What is the address of your next-of-kin? ..... 297, Hutchison St. Montreal.
5. What is the date of your birth? ..... March 1893. 22
6. What is your Trade or Calling? ..... Laboratory Assistant
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? .....
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes.

No. 3 GENERAL HOSPITAL (McGILL) MAR 5 1915 ORDERLY ROOM

Bert W. Culyer (Signature of Man).

William H. D. Mitchell (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Bertram William Culyer, 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.

Bert W Culyer (Signature of Recruit)

Date March 4th 1914. William H D Mitchell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Bert W. Culyer, 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.

Bert W Culyer (Signature of Recruit)

Date March 5th 1914. William H D Mitchell (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 Montreal this fifth day of March 1914.

H Bryce (Signature of Justice)

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

RJM (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

Description of Bertram William Culyer on Enlistment.

Apparent Age 22 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 8¼ ins.

Chest measurement.
- Girth when fully expanded ..... 34 ins.
- Range of expansion ..... 3 ins.

Complexion Fair

Eyes Brown

Hair Light Brown

Religious denominations.
- Church of England ✓
- 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).

Mole (Brown) over 1st Lumbar V
Left inguinal adenitis.

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 Mar 15th 1915 1914.

Place Montreal

L. L. Ryford
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.

.....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.

H. S. B.
Col
.....(Signature of Officer)

Date.....1914.

C.E.F. REGIMENTAL DOCUMENTS

NAME CULYER, BERTRAM WM. REGT. No. 339 UNIT C.A.M.C. H. Q. FILE No. 48 48038

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
ATTESTATION PAPER (M.F.W. 23, 133 or 51)				
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
TRAINING HISTORY SHEET (M.F.W. 113)				
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)				
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 177)				
DENTAL HISTORY SHEET (M.F.B. 465)				
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
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)				
LAST PAY CERTIFICATE (M.F.W. 44)				
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				
PARTICULARS OF CHARACTER (A.F.W. 3226)				
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
CARDS				
PAY-SHEETS				

NON-EFFECTIVE BY

DEATH

CATEGORY DIED 17-11-49

DISCHARGE

CATEGORY

DESERTION

Militia Records Centre
Dossiers du Personnel
CIV.
R.C.M.P.
ORDS
ROOM

BOX 2203

H

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

339	CULYER	Bertram William
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

deceased 17/11/49

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu Box 2203

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»

ARC – 1048 (86/06)

404131

Number 339 Rank a/Sl/Sgt

Surname CULYER

Christian Names Bertram Wilkes

Unit C.A.M.C. Theatre of War France

Date of Service 17/6/15

Remarks Replacement to widow Mrs Joan May Culyer Bromley Square 2001 Carling Ave Apt 906, Ottawa Ont. K2A 3W5

Latest Address 7 Durocher St Montreal

1914-15 star Bwm VM

MAY 10 1977

Roll No. B. Page 2050

MAY 2 - 1977

41742 Coll
AUG 6 1924
Ga 395.7 Cop 2
SEP 21 19

1914 Star
British war Medal
Victory Medal

SURNAME. Culyer

CHRISTIAN NAMES Bertram William

REGL. No. 339 RANK Pte

UNIT No 3 General Hospital

FORMER CORPS Nil

H7 CARD No.

FOLL.

NEXT OF KIN.

NAMES IN FULL Culyer, S. W.

RELATIONSHIP TO SOLDIER Father

ADDRESS 297 Hutchison St., Montreal, P.Q.

also Notify
CHANGE OF ADDRESS
Mrs. M.A. Culyer
7. Durocher St.
Montreal Que.
Sailed 22-5-17

COUNTRY OF BIRTH England. Windsor DATE Mar. 1893

PLACE OF ATTESTATION Montreal. P. Q. DATE Mar. 5TH 1915

O/S. 6-5-15 69/4

P/C 21-5-19 325/65 S/Sgt.

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

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

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Laboratory Asst. RELIGION Church of England

DESCRIPTION.

APPARENT AGE 22 YEARS MONTHS

HEIGHT 5' FEET 8 1/4 INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION Fair EYES Brown HAIR L. Brown

DISTINGUISHING MARKS Brown mole.

MEDICAL EXAMINATION. PLACE Montreal DATE Mar. 5th. 1915

L- L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

Montreal City & For credit a/c.

To Whom District Saving Bank

Address Head Office
Montreal
Que

By Whom Assigned Culyer B W.

Regtl. No. 39

Rank L. Corp

Corps 3rd Gen Hosp

SPECIAL REMITTANCE

Rate $150. 00

Sched 161. 9/8/16 PAYMENTS ALSO ACCOUNT IN CURRENT LEDGER.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.		1916. J. 15141	150-	
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 6 ACCOUNT

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom Montreal City & District Bk

Address Saving Bank Head Office
St James St- Montreal
Que

By Whom Assigned Cashier B Jn

Regtl. No. 339

Rank ~~2 Lieut~~ Sgt ①

Corps 3 Can. G. Hrs

Rate ~~15-00 Oct 1/16~~ ① 25-00 1st Oct. 17

2 Jn 6 16 A Hs 20 12/16

PAYMENTS SEE ALSO ACCOUNT IN SPEC. REM. LEDGER.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			① 2 M 30 10/17 – 1 M 5 11/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ENGLISH

CONSOLIDATED ACCOUNT 4

CONSOLIDATED ACCOUNT 2

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. Montreal City & District Savings Bank (Assignee)

L. L. Job 5470—Req. 6896

Name of Soldier Boulger B. M. W.

Lt Chl 3 Can G. H.

Month.	Year.	Cheque No.	Amt.	Remarks.
~~15th Oct 1916~~				
April	1916			25.00 1st Oct. 17
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		Q 36640	45	
Jan.	1917	Q 36461	15	
Feb.		~~G 43531~~	~~15~~	15 G 43530. Canc. D.A.F.
March		H 48721	15	15 L
April		J 907	15	15 B.
May		D 74055	15	
June		T 14382	15	15 Ba
July		H 21309	15	Ba
Aug.		M 28333	15	do
Sept.		M 37738	15	do
Oct.		J 47327	15	25.00 N.D.
Nov.		M 54638	35	35.00 Nov. to adjust
Dec.		M 55686	25	25.00 future
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.				

3rd Gen. Hosp.

L. L. 28912. M. & D. 8368.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m.—10-17.
H. Q. 1772-39-819.

NF 3 5 1 2 5 0 1 2 1 0

Checked 25/3/19 [illegible]

To Whom Mrs. May Annie Sulyer

Address 2 South Street
Eastbourne, England.

Rate $15 Oct 1st 16.
$25 Oct. 1st 1917.

By Whom Assigned Sulyer B. M

Regtl. No. 339

Rank Sgt.

Corps 3rd Can. D. H.

PAYMENTS

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

MILITIA AND DEFENCE

ASSIGNED PAY

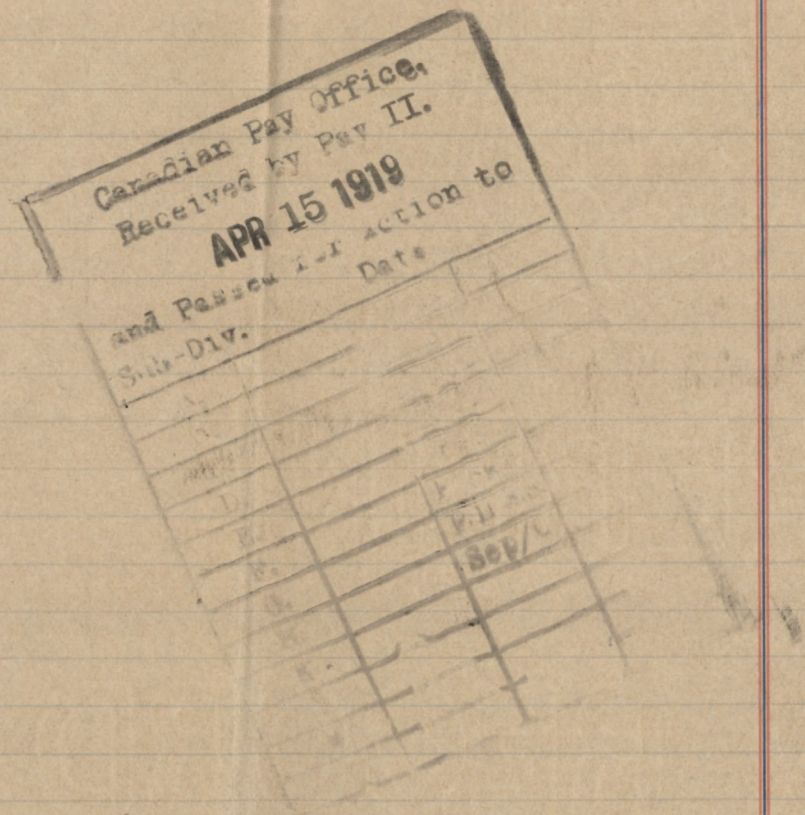
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918	J 36073	25	
Sept.		L 43510	25	
Oct.		M 53445	25	
Nov.		D 61504	25	
Dec.		R 68241	25	
Jan.	1919	M 73743	25	
Feb.		P 79039	25	Acct. trans. to Eng.
March		H 91209	25	Eff 1-4-19
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



Rank Pte Name CULYER, R.W. Reg'l No. ~~338~~ 339

Unit 3rd. Gen Hospital If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Montreal 4 5-3-15 Place of Birth England.

Name and Address, Next-of-Kin Mr. S. Culyer, 297 Hutcheson Street, Montreal. Relationship father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Date From 1915	Date To 1915	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
May 1	31	31	1.00	31	31	10	3.10	10.00	44.10			30			30	14.10	
June 1	30	30		30	30		3	14.10	47.10			20			20	27.10	
July 1	31	31		31	31		3.10	27.10	61.20			5			5	56.20	1.46 = diff. in Exchange from 1/5/15 to 31/7/15
								1.46				.55					
Aug 1	31	31		31	31		3.10	57.66	91.76			9.43			9.43	82.33	
Sep 1	30	30		30	30		3	82.33	115.33			9.02			9.02	106.31	
Oct 1	31	31		31	31		3.10	106.31	140.41			8.82			8.82	131.59	
Nov 1	30	30		30	30		3	131.59	164.59			8.82			8.82	155.77	
Dec 1	31	31		31	31		3.10	155.77	189.87			22.10			22.10	167.77	
Jan 1 1916	31	31	1	31	31	10	3.10	167.77	201.87			8.41			8.41	193.46	
Feb 1	29	29	1	29	29	10	2.90	193.16	225.06			22.67			22.67	202.39	
Mar 1	31	31	1	31	31	10	3.10	202.39	236.49			18.31			18.31	218.18	
								218.18									
				336			336.60	1146	381.06			162.88			162.88		✓

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						

Rank | Name CULYER, R.W. | Reg'l No. ~~338~~ 339.

Unit 3rd. Gen Hospital | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment Montreal 5-3-15 | Place of Birth England.

Name and Address, Next-of-Kin Mr. S. Culyer, 297 Hutcheson Street, Montreal. | Relationship ~~Father~~.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

M/E. R.B. No 10973
File R.L.
Category OR CAN

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 per S.S. Metagama		15. 5. 15.	
19.6.15.	D.A.A.G. Embk. Port. No1.	Embarked for	France	19.6.15.	D.A.A.G. Embarkation Port No 1.
21.8.16	#3. Gen.	Appointed L/Cpl	Boulogne	30.5.16	Pl-II 0-33
6.10.16	do	Proceeded to England on duty to purchase requirements for Pathologist Dept-	do	28.9.16	" " 55
14.10.16	do	Rejd Unit from England	do	1.10.16	Pl-II 0-59
21.3.17.	do	Granted Good Conduct Badge	do	6.3.17.	Pl-II 0-20
3-5-17	do	Promoted to Corp.	do	17-4-17	" 32
18.9.17	do	" Sgt	Cpl.	do. 29.6.17	" 61
25.2.19	do	Granted permission to Marry	Sgt	12-2-19	" 8

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				
12-3-19	3rd Gen Hp.	SOS to camc c.c.	Sgt Boulogne	3-3-19	Pt II 11 camc c of Pt II DO 77 d/ 1-4-19
7-4-19	camc 6 bg	o/comm 6 S Hy Et-Hill	Sgt S'cliffe	7-3-19	— 77.
9-4-19	6 S Hy	T.O.S from camc 6 bg	Sgt E'Hill	7-3-19 Chit 25/4/19	24
9-4-19	6 S Hy	To be a/s/sgt.	Sgt E'Hill	1-3-19	— 24
8-4-19	camc D	T.O.S & remains o/comm	a/s/sgt S'cliffe	7-3-19	— 98 camc c.o. of Pt II DO 81 d/ 5-4-19
13-4-19	camc D	SOS to 6 D.H. Et Hill	a/s/Sgt S'cliffe	7-3-19	— 103
5-4-19		D.14-F-5-dated Noted 13-5-19.			
24.4.19	6 H E'hill	S.O.S. to 6 D.R. Burton	a/s/Sgt Lyminge	24.4.19	DO. 24, 6 D.R. D Burton DO 153 dy 3-7-19
3.7.19	6.D.R.	SOS from Can to be E.F. in a/s/sgt Burton Canada		13-5-19	do 153

THE FOLLOWING AUTHORITIES MUST BE SIGNED

The Royal Canadian Legion has my authority to process any claim and to be advised by Veterans Affairs and/or the C.P.C. as to the outcome of any application for benefits which may be considered under veterans legislation. If necessary, they may inspect my D.V.A. file and service records.

Service No 33 Rank S/SGT Date 4 FEB 87

[redacted]an's Name in Full (Surname First) CULYER, BERTRAM WILLIAM

Signature of Applicant William Culyer

It a General Mobilization is ordered every soldier on pass must return **immediately** to his uut without waiting for initructions.

No. 104

Regiment Canad.

{ Copy of **Army Form B 295** }

PASS

No. 339 (Rank) S/Sgt. (Name) Carlyon. B.

has permission to be absent from his quarters from

8am. to mn. 24/4/19

for the purpose of proceeding to Buxton.

[*Station*]

Commanding.

[*Date*]

E-6-1 - 3401
Canadian Hospital.
Etchinghill, Lyminge.
April 24th. 1919

To- O.C. 1st Canadian Discharge Depot
Buxton

339 a/S/Sgt
Culyer B.W
C.A.M.C.

Herewith the marginally named N.C.O. who is returned to you in accordance with instructions contained in attached copy of letter from D.G.M.S.

F.B. Cannon

Lieut-Col. C.A.M.C
for Col. Commanding
Canadian Hospital.
Etchinghill, Lyminge.

TS/R
Encl

C.A.D.C. 5009 A

Original

4

(191)

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CULYER, B. W.

REGIMENT C.A.D.M.C. RANK S/Sgt. No. 339

Date of Examination in England

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

} nil

4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

} nil

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

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

} nil

Signature of Dental Officer F. R. Ellis Capt

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

CANADIAN GENERAL HOSPITAL (McGILL) No. 3 C.E.F. JUN 14 1915 ORDERLY ROOM

Sgt

Casualty Form—Active Service.

49

Regiment or Corps No. 3 Canadian General Hospital. Certified Correct. AAG FILE

Regimental No. 339 Rank ~~Pte~~ Name Culyer, B.W. 202353

W.S.B. Class "A"

Enlisted (*a*) 5-3-15 Terms of Service (*a*) C.E.F. Service reckons from (*a*) 315

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*) ____

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.
10.8.16.	D.M.S.	appointed Lcorporal. D.M.S. G.O. 190/14442 d/10/8/16	Boulogne.	30/5/16.	pt II ord 33 d/ 21/8/16.
30/9/16	3 C.G.H.	Proceeded to Eng on duty to purchase requirements for Pathologist Dept. auth D.D.M.S. 1982/16 d/ 18/9/16	"	28/9/16	B213 Pt II O- 55 d/ 8/10/16
7/10/16	Do.	Rejoined Unit for duty	"	1/10/16	B213 Pt II O. 59 d/ 14/10/16
4/11/16.	"	Granted leave to 12/11/16		3/11/16	" " 72 d/ 13/11/16
18/11/16	3 C.G.H.	Rejoined from leave		12/11/16	" " 77 d/ 25/11/16
10/3/17	"	Granted Good conduct Badge		6/3/17	" " 20 d/- 21/3/17
24/4/17	D.M.S	Promoted Corporal		17/4/17	C.O. 95/529 " 32 d/- 3/5/17
11/9/17	"	Promoted Sergeant		29/6/17	" 212/1186 " 61 18/9/17
1/12/17	3 C.G.H.	Granted 14 days leave		28/11/17	B213 Pt II 77 10/12/17
15/12/17	"	Rejoined Unit		12/12/17	" "
3.9.18.	A.I.D. Canada	Classified B. 2.		3.9.18.	N. 3339/696. Pt. II 54. of 1918.

(*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				
25.1.19.	3 C.G.H.	Granted permn to be absent in Canada. P.C. 1872 d. 6.7.17.	Manchester		B213 T.F. 8.1919.
20.2.19.	A.G. Colm	Transf. to England and posted to C.A.M.C. Car Company Shorncliffe. (A.G. Colm A.G. 36, 2-C-3		3.3.19	K.E. 39531 per H011 d. 12.3.19
			635 d. 20 2/19.		
22.2.19.	3 C.G.H.	Married at Thanet	Kent.	12.2.19	B213. T.F. NOV 1919.

A.H. Christie

Captain
for maj a/a.g.
Colm Sect G.H.Q. 3rd Echn.

Army Form B. 103. Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps Canc

Rank a/s/Sgt Surname Culyer Christian Name B W

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.....

.....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...			
9-4-19.	Canc R.G.D.	To Strength from Canc R.D. Depot w/e 7-3-19	Etchinghill	7-3-19	Dept 11 No 24
do	Etchill	Appointed to Rank of a/S./Sgt w/e 1-3-19	do	1-3-19	Dept 11 No 24
24-4-19	do	SOS to Can. Co Depot Buxton	do	24-4-19	Dept 11 No 27

(*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.

Lt.-Col Cayer
for [illegible]
Can Hospital
Etchinghill

[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				
		~~Attached C.D.D. Buxton for return to Canada, Part II Order No.~~			
26/4/19		Attached C.D.D. Buxton for return to Canada, Part 11 Order No.			
		F.W. Lock. CAPT. For OFFICER COMMANDING CANADIAN DISCHARGE DEPOT.			
16/5/19		Ceases to be attached C.D.D. Buxton on proceeding to Canada, Part 11 Order No.			
		F.W. Lock. CAPT. For OFFICER COMMANDING CANADIAN DISCHARGE DEPOT.			
13-5-19	T. O. S. Quebec Depot Clearing Services Command Part 11. Order No. 141				
22-5-19	S. O. S. Quebec Depot Clearing Services Command Part 11. Order No. 141				
		On being discharged DEMOB'N			
		R.M. Hunter Sergt. i/c Records Clearing Services Command			

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Service Badge Class "A" No. 302043

THIS IS TO CERTIFY that No. 339 (Rank) S/Sergt.

Name (in full) Bertram Wm. Culyer enlisted in the C. A. M. C.

CANADIAN EXPEDITIONARY FORCE at Montreal Que. on the 5th day of February 1915

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

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

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

Age 26

Height 5'10"

Complexion Fair

Eyes Brown

Hair Dark

Marks or Scars Nil

B. W. Culyer.
Signature of Soldier

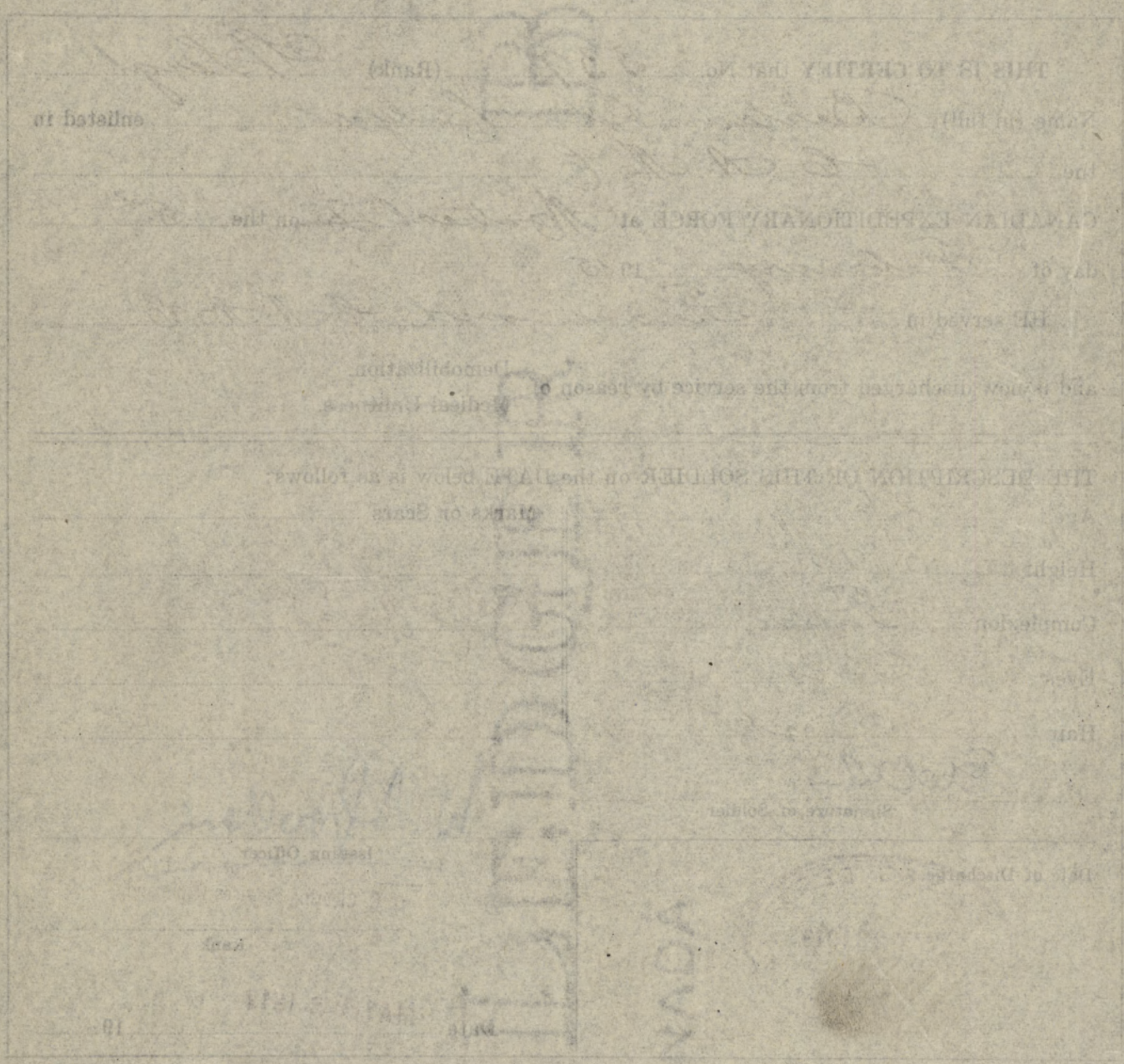
Date of Discharge QUEBEC DEPOT MAY 22 1919 Clearing Services Command

W. Hendrie
Issuing Officer
Capt. for Lt.-Col.
O. C. Clearing Services Command.
Rank

Date MAY 22 1919 19

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

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



DEPARTMENT OF VETERANS AFFAIRS

Central Registry Division, (Medals)

Ottawa, K1A OP4

Service number 339 Name BERTRAM W. CULYER

To enable the Department to determine the rightful owner of the Service Award(s) of the above-named deceased veteran, this form is to be completed, signed and returned to: Chief, Registry Division, (Medals), Department of Veterans Affairs, Ottawa, Ont., K1A OP4.

Relationship to Veteran	Name in full of relative(s)	Address in full
Widow(~~er~~) ✓	JOAN MAY ANNIE	BROMLEY SQUARE APT 2001 CARLING AVE 906 OTTAWA K2A 3W5
Eldest son		
Eldest daughter		
Father		
Mother		
Eldest brother		
Eldest sister		

If the veteran has left a Will, please provide the following particulars:

(a) Name of beneficiary: Self. (b) Relationship Wife

(c) Address in full: Bromley Square 2001 Carling Ave # 906 Ottawa K2a 3W5

21st 4-77
date

JOAN MAY CULYER
signature

Joan May Annie Culyer

Docs Please
CR32

CR32

APR 25 1977

ORIGINAL

339

MEDICAL HISTORY SHEET.

Surname Leuly Christian Name Berthan Wm

Examined on 5-1 day of March 1915
at Montreal

Birthplace City or Town Windsor
County Bucks Eng

Apparent age 22

Trade or occupation Path. Lab. assistant

Height 5 Feet 8¼ Inches.

Weight 140 Lbs.

Chest measurement Minimum 37 inches.
Maximum expansion 34 inches.

Physical development good.

Small-Pox Marks no

Vaccination Marks Arm Right. Left.
Number 2

When Vaccinated last childhood

(a) Marks indicating congenital peculiarities or previous disease left Inguinal Adenitis

(b) Slight defects but not sufficient to cause rejection

✓

Approved by L. L. Refour

Rank M.O

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

CANADIAN GENERAL HOSPITAL (No 3) B.E.F. JUL 26 1 SGN. ORDERLY ROOM.

Date	Result	Vaccinations.
26-2-15		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
27-2-15		M.O.
9-3-15		M.O.
19-3-15		M.O.

Enlisted on 5-1 day of March 1915 at Montreal

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	No 3 General Hospital	339		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Boston	28-4-19	Tachycardia	B. W.R. Greave Capt

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.

50M—9-14.
H. Q. 1772-39-439.

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

W.R.WARD,
Colonel in Charge of Records,
Canadian Contingents.

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

W.R.WARD,
Colonel in Charge of Records,
Canadian Contingents, London.

Surname Lindsay Christian Name Herbert Col

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.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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

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

1. Christian names Bertram William 2. Surname Culyer

3. Rank a/s/Sgt 4. Original Unit 3rd Can Ew Hpl 5. Reg. No. 3304

6. Address, in full, to which future payments of gratuity are to be forwarded

Culy and District Savings Bank.
146 St James Street Montreal P.Q

7. Date of enlistment in the C.E.F. 5th March 1915

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mary Annie Culyer

9. Relationship of such dependent Wife

10. Address, in full, of such dependent 7 Laroche Street.
Montreal P Q

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? no

12. ~~Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of~~ Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

14. ~~Were you on active service only in Canada or the United States? If so, give particulars of unit and~~ dates of such service

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 3rd C.G. Hpl 2 mths in Canada 1 mth in England, 46 mths in France Transf. Spec Hpl Etchinghill (staff) 2 mths in England

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department N. A.

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

5434. Wt. /30P. 250,000(8). 2/19. S.O.,F.Rd

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. no

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid no

20. ~~Have you been issued with a War Service Badge? If so what class?~~

21. Have you, during the present war, served in the Imperial Forces? no

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled not applicable

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.?~~ ~~If not, give: (a) Date of discharge~~ (b) Reason for discharge

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

~~(b) If so, are you in receipt of full pay and allowances from that Department?~~

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

Signature of Applicant: B W Cushon

Place of Residence: Montreal P.Q.

Declared before me at: Buxton Eng

This 28 day of April 19 19.

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

QUESTIONS 12, 13 14, 20, 24, 25, 26 & 27, UNANSWERED.

Moreau Mop

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster

MARRIED OR SINGLE: Single.

PLACE OF BIRTH: England.

NAME AND ADDRESS OF NEXT OF KIN: Mrs S. Culyer,
297, Hutcheson St. Montreal.

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
Prom. To be L/Cpl	30-5-16	D.O. 33. 21-8-16
Prom. Cpl	17/4/17	60/95/529. 24/4/17
Prom Sgt	29/6/17	1061 18/9/17

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 339 RANK ~~Private~~ Sgt ~~L/Cpl~~ NAME Culyer B. W.

IF IN PERMT. CORPS } WHAT UNIT UNIT 3 Gen. Hosp. TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Montreal TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 4th Mar 1915. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 25.00 AB DATE EFFECTIVE 1st October 1916 Oct 1st 1917

PAYABLE TO Cr a/c B.W Culyer, Montreal City and District Saving Bank, Head office St James St Montreal RELATIONSHIP

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)

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 C	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
March 1916 31.			3 36				33	60						11 46	381 06										162 88				162 88	218 18				
April 1-30	30	1	30	.	30	10	3	.							33 .	208	14/4	219	29/4					4 36	5 23			. .	9 59	241 59				
May 1-31	31		31	.	31		3	10							34 10			240 229	21/5 13/5						5 11 4 26			. .	9 37	266 32				
June 1-30	30		30	.	30		3	.							23 .			254	14/6						4 26			. .	4 26	295 06				
July 1-31	31		31	.	31		3	10							24 10	270	30/6	280	11/7					5 11	4 36			. .	9 47	319 69				
~~Aug~~ Aug 1-31	31		31	.	31		3	10							~~35 90~~ 34 10	293	29/7	306	16/8					5 23 ✓	4 36 ✓		150 ✓	. .	159 59	194 20				
Sep 1-30	30	1	31	50	30		3	-						310	37 60	312	31/8	388	16/9					523 ✓	436 ✓		4867		5826	173 54				
Oct 1-31	31		32	55	31		3	10							35 65	412	29/9	445	16/10					523 ✓	436 ✓			15 —	2459	18705		135		
Nov 1-30	30		31	50	30		3	-							32 50	464	31/10	489	16/11					573 ✓	436 ✓	9733 ✓		15 -	12192	9718		135		
Dec 1-31	31		33	55	31		3	10							35 65	516	29/11							1395 ✓				25 —	3895	10388		135		mil
Jan 1-31	31	1	12 105	61 10											35 65											610 ✓								
Feb 1-28	28			35 65											32 20											436 ✓		15	2546	11407		135		
Mar 1-31	31			32 20											35 65											524 ✓		15	2460	12167		135		
																										523 ✓								
																										436 ✓								
				781 70										14 56	796 26									44 34	40 66	29945	198 67	90	673 12	3418	12314		135		

8202 28/12
8021 16/12
8230 16/1
8207 27/1
8947 28/3
8896 28/2
8847 16/2
8837 16/3

Appointed L/Cpl with effect from 30/5/16 SMA Corps Orders. 190/1442 dated 10/8/16 D.O. 33. 21-8-16

339 Dft Capt Culyer B. W.

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
Mar 31			78	70										14 56	796 26
Apl 1-30	14	1/- 1/5	16	80											
Apl 1-16	16	1/5	18	40											35 20
May 1/31	31	1/- 1/10	37	20											37 20
June 1/31	30	–	36	00											36 00
July 1/31	31	✓	37	20											37 20
Aug 1/31	31	✓	37	20											37 20
Sept 1/30	30	1/- 1/5	45	00										19 20	64 20

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
				236	16/4		
				562	28/4		
				1427	28/5		
				1056	16/5		
				1704	9/4/17		
				1948	16/6		
				2313	28/6		
				3055	27/7		
				2742	16/7		

CASH PAYMENTS 1	2	3	4
44 34	40 66	299 45	198 67
		4 36 ✓	
		5 23 ✓	
		5 35 ✓	
		4 46 ✓	
		17 84 ✓	
		1 46 ✓	
		5 35 ✓	
		5 35	
		4 46	

ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
90 00		673 12	123 14		135		
15		15	143 34		135		
15		24 59	155 95		136 50		
15		24 81	167 14		138 00		
15		15	189 34		140 25		
15		42 65	183 89		145 50		
15		24 81	223 28		150 75		19/20 Diff Dft Pay 29/6/17 & 30/9/17 From Capt. 29/6/17. £061 18/9/17

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER. SEP. RED. ALLCE PAY ENS
Sept 30	Bal. F	223 28	YBR						223.28	150 75
Oct.	Dft. P	46 50		AR. 3428. 16/8/17 6313	4 46		15		13	
				" 3696. 28/8/17 "	5 35					
				" 6313 4477. 28/9/17 Glen H	8 03				236 94	150 75
		46 50			17 84		15			
Nov	Dft Pay	45 –		A.P. and discharged Oct 1917			10 –			
Dec	do	46 50		A.R. 4914 6313 16/10 3rd Gall.	14 28		25 –			
				" 4170 " 17/9 "	5 36		25 –			
				" 5175 " 27/10 "	8 03					
1918				G.O. 2419 - 8-12-17	19 47					
		91 50			47 14		60 –		221 30	150 25
Jan.	Dft Pay	46 50		AR. 5812 6313 16/11 3rd G.H.	~~13 38~~ 14 28		25 –		46 50	
				" 2254 " 27/11 "	4867				267 80	
				" 7393 " 27/12 "	803				101 33	
				" 7021 " 17/12 "	5 35				166.47	
		46 50			76.33		25 –		166 47	
Feb	Dft P.	42 –		" 7952 " 16/1	5 35				20 47	
				8288 " 28/1	803				38 38	
		42			1338		25		170 09	
Mar.				AR. 9067 C6 16/2 Det Bolgne	5 35		25			
	Dft. P.	46 50		AR. 9441 C19 28/2 do.	8 03					
				AR. 10007 C36 16/3 do	5 35				164 83	
				AR. 10478 C36 28/3 do	803					
					2676					
				E & P			25		164 83	161 25
		46 50			2676		25			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/10/17	EFFECTIVE DATE:- 12/2/19
AMOUNT:- $25.00	AMOUNT:- 30.00 B/

NAME:- CULYER, B. H.

NUMBER:- 339

PARTICULARS OF RANK OR APPOINTMENT

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.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Cr. A/c. B.H. Culyer		Do 61 18/9/17	29/6/17	Sgt.
Montreal Dist. Savings Bank	Trans to Canada	DO 24 (9) (1) (9) Elch	1/3/19	S/Sgt.
Head Office St James St.	eff. 1st July 1919			
Montreal				
	Married with Perm. Dft. 17/3/19			
Mrs. M.A. Culyer (Wife)	authy to advance			
2. South Street	£20.0.0 from Def. Pay			
Eastbourne.	auth to advance £10. from			
Sussex.	def. pay OSB Letter 4-20-3			
Eff 1/4/19. England	1/1/19. Perm. w many. DO 8. 25/7/19.			

Eff 1-7-19

UNIT AND TRANSFERS

ORIGINAL UNIT:- 3rd. Gen. Hospn.

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO

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
1-4-19	1	Edinburgh - Staff.	9 13			Ledger Bal.	7 14 7
10-4	25	"	14 60			Ex Chq.	5 1 10
25-4	84	"	17 60				
25-4	118	"	12 17			L/R. Bal.	23 5 7
			51 10				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	+ 35	15		
	1 60	20		

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans To Canada. 31-3-19. I.R.C. 8196-5-5-19. Burton-Fordham

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March 31	Balance forward								164 83	161 25	
April	Sgt. P.	45							209 83		
				Can. a/c.				25	184 83		
				AR 1695 C/O Det. Boulogne 16/4/18	7 14				177 69		
				AR 2077 C 19 do 27/4/18	2 68				175 01		
		45			9 82			25			
May	Sgt. P.	46 50		Can. a/c				25	196 51		
				AR 2795 C 11 Det. Bologne 16/5/18	5 35				191 16		
				AR 3055 C 18 do 28/5/18	8 03				183 13		
		46 50			13 38			25			
June	Sgt. P.	45		Can. a/c				25	203 13		
				AR 3129 C 2 Det Bol. 8/6	17 84				185 29		
				" 3720 5 " " 17/6	5 35				179 94		
				H007 11 " " 28/6	8 03				171 91	161 25	
		45			31 27			25			
July	S. P.	46 50		Can. a/c				25	193 41		
				AR 5128 5 " " 16/7	5 35				188 06		
				5743 13 " " 29/7	8 03				180 03		
		46 50			13 38			25			
Aug	S P	46 50		Can. a/c				25	201 53		
				AR 6443 " 14/8 C 8	5 35				196 18		
				7607 " 28/8 C 11	8 03				188 15		
		46 50			13 38			25			
Sept	S P	45						25	5 35		
				9143 " 16-9 C 12	5 35				202 80		
				10142 " 28-9 C 16	8 03				194 77		
		45			13 38			25			

FORD

NUMBER 339 RANK NAME Culyer Bert

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									19477		
Oct	8	4650						25	21677		
				aR 465. Enl 16/10. C36.	560				21067	16125	
				1593. Enl 27/10 C48.	933				20134		
				1951 " 28/10 C54	839				19295		
		4650			2332			25			
Nov	P & A	15						75	21295		
				3740 3 CgH 16/11 (18)	1399				19896		
				467 " " 27/11 31	1399				18497		
Dec	✓	4650			2798			25	20647		
1919				5604 " 15/12 66	933				19714	11258	
Jan	✓	4650						25	21864		
		13800			3731			75			
				6419 " 27/12 2	5597				16267		
				5988 " 16/12 3	466				15801		
				7004 " 31/12 7	839				14962	11258	
Feb	✓	4200						25	16662	6500	
				8557 " 16/1 40	560				16102		
				9368 " 28/1 68	1306				14796		
				CP 26251 " 6/2 68	7300				7496		
				CP 36911 " 18/2 91	1460				6036		
				Spec R. 75193 " 113	4867				1169		
				10688 3 Cg 18 28/2 119	933				236		
Mar		4650			23328			25	2386		
				Suppck. 33777.. £9.18.1							4821
				1506 G.H. Elec: Mill 1/3 144	487				1899		
		8850			23815			50			4821
Apr	S/Sgt.	54		A 43851- £11-6-0			25		4799		30
	S/Sgt Pay 1/3/19 - 31/3/19 31-30	930							5729		
				AR 1546 GH Elec 22/3/19 a2	973				4756		
May	P & A.	5580		S/c A2939 AC £11-6-0			25		7836		30
				S/c A2940 AR £11-6-0			25		5336		30
	Untrue on Deferred Pay.	2131							7467		
				AR 1 - Elec 1/4/19 14	973				6494		
				AR 25 — " — 15/4/19 a14	1460				5034		
				AR 118 — " — 25/4/19 934	1217				3817		
				AR 84 — " — 25/4/19 34	1460				2357		
				AR 4562 Bayliss 29/3/19 55	973				1384		
		14041			7056		75				90
				AR 3432 Willey 24/6/19 39	973				411		
		- -			973		- -				

Gratuity Last - D 14. 808 Com. 13/5/19

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 C.O.D. Buxton DATE 28 April 1919

1. 1 (a) Unit C.A.M.C. (b) Regimental No. 339 (c) Rank S/Sgt

(d) Surname CULYER (e) Christian name Bertram Wilson

(f) Home address 7a Durocher St. Montreal, Canada.

(g) Next of Kin May Annie Culyer (h) Relationship Wife

(i) Address of Next of Kin 7, Durocher St, Montreal Canada

2. Age last birthday 26 Date of birth 14 March 1893

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date 5 March 1915

4. Personal description:

(a) Height 5' 8½" (b) Weight 140 (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. None

5. Former trade or occupation Laboratory Assistant

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
	4	54

	Periods	
	From	To
Canada	5-3-15	6-5-15
England	16-5-15	18-6-15
	4-3-19	28-4-19
France or other theatres of War	18-6-15	7-3-19

7. Original disease, or injury TACHYCARDIA

(a) Date of origin June 1916 (b) Place of origin Boulogne France

(c) Cause Unknown

M. F. B. 227.

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.)

TACHYCARDIA. Produces no disability

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.)

Heart and pulse rates are very rapid during examination 150 to 120. Patient states that he has no discomfort during exertion but when he is examined his pulse rate becomes increased.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no — Cardio-Vascular System no (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no — Respiratory System no — Integumentary System no

Disturbances of Mentality no — Digestive System no — Muscular System no

Osseous and Joint Systems no — Any other general condition no

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

Never been admitted to hospital for treatment nor has he received any treatment whatsoever for the condition

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*).)

Diphtheria in 1901

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

None

11.—(*a*) Did the disabling condition have its origin before enlistment? yes

(*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.)

No

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

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

nil

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

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

17. Recommendations

B 1

H N Greaves 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 B. W. Cuyler 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

B W Cuyler Pte
Signature of invalid examined. Rank.

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.~~) B1
(*c*) Home service (Canada only),	(" C)	(Yes ~~or No.~~)
(*d*) Temporarily unfit.	(" D)	(Yes ~~or~~ No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(~~Yes or~~ No.)

20. It is certified that the invalid

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

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

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

may be placed in category B1
Boarded for Return to Canada Auth: A.G. Tel 9083. 11/4/18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Lt Col Capt Canada ...President.

PLACE Brighton C D D

DATE 30-4-19

4 J Bryans Capt } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

12-5-19

Same condition

H N Greaves Capt Canc

.....President.

PLACE.....

DATE..... } Members

APPROVED BY

Geo F. L Fuller Colonel

for *Assistant Director of Medical Services.*

DATE 8. 5. 19

APPROVED BY

.....

Director-General of Medical Services.

DATE.....

CDL

DUPLICATE.

339

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178[A] to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname CULYER *Christian Name* Bertram William

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Windsor County Berks, England

Examined ... ... on 5th day of March 1915.
at Montreal

Declared Age ... ... 22 years days.

Trade or Occupation ... Path Lab. Assistant

Height ... ... 5 feet, 8¼ inches.

Weight ... ... 143 lbs.

Chest Measurement — Girth when fully Expanded. 37 inches.

Chest Measurement — Range of Expansion 3 inches.

Physical Development ... Good

Vaccination Marks — Arm ... Right Left

Vaccination Marks — Number 2

When Vaccinated ... ... Childhood

Vision ... ... R.E.—V=
L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... (*a*) left inguinal adenitis scar

(*b*) Slight defects but not sufficient to cause rejection ... ... (*b*)

Approved by (*Signature*) L.L.Reford,

(*Rank*) Medical Officer

Enlisted ... ... at Montreal
on 5th day of March 1915.

Joined on Enlistment ...	Corps.	Regtl. No.
	No.3.General Hosp.	339
Transferred to		

Became non-effective by

on day of 191 .

(*Signature*)

(*Rank*)

I identify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man
C.A.M.C.
for the Officer in Charge of Records
Canadian Contingents

This Medical History Sheet has been compared with the Corresponding Attestation Papers, and entries made in red have been taken from the Attestation Paper.

W.R.WARD
Colonel in Charge of Records,
Canadian Contingents.

2966. Wt. W8005/2748. 300,000. 8/15. D. D. & L.

[P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the c

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Remarks bearing on the cause, use. In cases of syph subsequent progress, in given in the special syp
	Day	Month	Year	Day	Month	Year			

to the Sick List in the case of Warrant Officers treated in quarters.

	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 must 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.

Table III.—Boards; Courts of Inquiry, 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.
26-3-15	Vaccination
27-3-15	Inoculation - L.H. McKieu
9-3-15	" "
19-3-15	" "

Table IV.—Service Table.

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

NUMBER OF DEPENDENTS ..... 1 .....

RELIGION ..... C. of E. .....

21-9

DISPERSAL AREA ..... H. S. .....

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

NEXT OF KIN ..... Wife .....

1. No. 339 Can A Regt 302043

2 Rank. Staff Sergeant

3. Name. Culyer Berham William

4. Unit. C. A. M. C.

5 Date of Discharge | 22-8-19 | Place Quebec.

6 Reason for Discharge Demobilization CATEGORY.

Trade Laboratory Assistant OCCUPATIONAL GROUP. 19

SERVICE IN FRANCE. 3 yrs + 10 mths

7. Authority.

8. Proposed Residence after Discharge

Montreal P.Q.

Demobilized - 1919

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.?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Quebec

Date 22-8-19

Sailing No. D-14

R. M. S. Minnedosa.

Embarked, Liverpool, 13/5/19

Disembarked, Quebec, 21-5-19

Signature

(O. C. Discharging Unit.)

9-12-49

M.F.B. 218a—300M.-11-18—1772-39-113.

E. R. J.

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 (A.F.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment (Statement Q.M.G. Form (D.O.S. 2).
    and Clothing)
12. Last Pay Certificate (P.851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group 4
Checked by No. D.S.N.
Date 12 5 19

AUDITOR | PAYMASTER

JRB

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

M. or S. | REGT. No. 339 | RANK A/S/Sgt | NAME (IN FULL) CULYER. Bertram. Wm

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes | DATE EFFECTIVE 1-6-19

TO WHOM PAID Mrs May Culyer. | RELATIONSHIP Wife.

ADDRESS 7 Durocher. Montreal Que.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 3rd C.G.H. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 5/3/15 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 25 00 | DATE EFFECTIVE 1-7-19

PAYABLE TO Mrs M. Culyer. | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS W.S.G.

ADDRESS 7 Durocher St Montreal. | City & District Bank 176 St James. Montreal

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Quebec | DATE 22/8/1919 | REASON demob. | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MILITARY DIST. 2 JUN 10 1919 DEMOBILIZATION PAY DIVISION

6/543 339

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							13	84	13	84																								13	84	Mileage 84
			70 00																								12	60			13	44				Bal R Eng L Pc 13 84
			35 00						105	00	Bulk	Cam			CR D203105		4	87	5	00	103	57											12	60	JBR	35 00 Lw Clerks. 70 00. W.S.G.
																																			5 00 P.A. Acct'd 29-31-5-19
			SA		22	00			22	00															SA		60	00			60	00	38	00	JBR	38 00 P.A. Acct'd 23-5-19-30-6-19.
																																			12 60 P.A. Acct'd 22-29-5-19
							140	84																							191	44				
																															1	80				Ord D.A. Pte. 22-1029-5-19 1260
																																			Should be 22-1628-5-19.

Other Credits: W.S. 420 | C.S.A. 180 | Total 600

1720 24.10.19

War Service Gratuity 1 80

Other Charges	W.S.G.	S.A.	Total	Balance Soldier	Dependant
	70		70	350	180
1260			1260		
38			38	337 40	142
	70	60	130 00	267 40	82
	70	30	100	197 40	52
	70	30	100	127 40	22
	57 40	22 00	79 40	70 00	
	70		70		
			600		

12.6.19 | 915102 | 915103 | 3

27/7/19 | 10766.17 | 10766.18 | 4

22.8.19 | 1285645 | 1285646 | 5

22.9.19 | 1535819 | 1535820

22/10/19 | Bal 16429

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C 12453

Date of Assignment
Oct. 1 – 1917
Oct 1 – 16.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15	25		

For Credit.

PARTICULARS OF SEPARATION ALLOWANCE

No. 339

Rank ~~L/Cpl~~ Promoted Sgt. 1/10/17 Reverted Discharge

Soldier's Name B. H. W. Culyer

Battalion 3rd Can. P. A.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name "Montreal City & District Savings Bank"

Address Head Office, St James St Montreal Que

Change of Address

1 Mrs Gray Annie Culyer

2 2 South Steet

3 Eastbourne England

4

4061-13-1

ENGLISH

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
1917 Dec. 31			25-	25-	c	See also a/c in Spec. Rem. Ledger.
Jan	F 62673		25-	25-		a. p. 15.00 from 1/10/16 to 30/9/17 = 180.00
Feb	E 90884		25-	25-		Cancelled B256 " " 25.00 " 1/10/17 " 31/12/17 = 75.00 Authy 2 M 30/10/19 H.O.
Mar	A 120046		25-	25-		
Apr	~~B 2564~~ X 12862		~~25~~ 25-	25-		A.P. transferred to wife in England eff 1-4-19 76948
May	M 18698		25-	25-		
June	J 22321		25-	25-		
July	S 33572		25-	25-		
Aug	D 36073		25-	25-		
Sept	L 45510		25-	25-		SA paid by D.P.M.G. eff 12-2-19 SA 25-4-19 also on file
Oct	M 53445		25-	25-		
Nov	D 61504		25-	25-		
Dec	R 68241		25	25		
19 Jan	M 73743		25	25		
Feby	P 79039		20	20		
Mar	H 91209		25-	25-		
			(30			

A/c Closed 21.3.19

Ret'd per Immediate a/c

Date 21-5-19 M.F.W.187 22-5-19

Closed Paid Sub M 204

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22320—M. & D. 1493.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320)—M. & D. 7983.

COPY

April 19th. 1919

10/10-1-1/C

To- A.D.M.S. CANADIANS.
SHORNCLIFFE.

339 a/S/Sgt
Culver B.W.
CSH.Etchinghill

The A.G. advises that the return to Canada on compassionate grounds of the M/N has been authorised.

He is to be discharged immediately to the Canadian Discharge Depot Buxton with his pay book and all available documents. You will advise this office immediately he has been despatched.

If he is not immediately available or should any delay occur a report will be forwarded in explanation.

He will be S.O.S. his unit on transfer to C.D.D. Buxton, a copy of this letter should accompany him.

The authority for this move is A.G. 3b/2-C-3635 of 17-4-19.

(Sgd) ? ? ? ? ? ? ? ?
for Colonel. A.D.M.S.
for Director General Medical Services
O.M.F.C