cnd DH

DUPLICATE

ATTESTATION PAPER.

No. 772289

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?	Bertram Fuller
2. In what Town, Township or Parish, and in what Country were you born?	Shannonville, Ontario.
3. What is the name of your next-of kin?	Mrs Sam Fuller, Mother
4. What is the address of your next-of-kin?	Shannonville, Ontario.
5. What is the date of your birth?	February 2nd. 1896
6. What is your Trade or Calling?	Farmer
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated? and inoculated? BF	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

Bertram Fuller (Signature of Man.)

Geo E Stephenson (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Bertram Fuller, 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.

Bertram Fuller (Signature of Recruit)

Date 3rd. December 1915. Geo E Stephenson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Bertram Fuller, 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.

Bertram Fuller (Signature of Recruit)

Date 3rd. December 1915. Geo E Stephenson (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 Brantford this Third day of December 1915.

W. B. Lutcliffe Lt Col (Signature of Justice)

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

W. B. Lutcliffe Lt. Col (Approving Officer)

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Description of Bertram Fuller on Enlistment.

Apparent Age 19 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ... 5 ft. 5 3/4 ins.

Chest measurement.
- Girth when fully expanded ... 36 1/2 ins.
- Range of expansion ... 2 1/2 ins.

Complexion ... Dark

Eyes ... Brown

Hair ... Black

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

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 3rd. December 1915. G. M. Hanna Lieut

Place Brantford, Ont. Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Bertram Fuller 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.

W. B. Lutcliffe Lt. Col (Signature of Officer)

Date 3rd. December 1915.

C.E.F.

FULLER BERTRAM 772289 3 DIST. DEP. 21432

DEMOB.

H

3331

To be made out in duplicate. H.Q. 54-21-23-53

DUPLICATE

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 125th Ottawa Bn., C. E. F.

(2) Regimental Number 772289

(3) Full Name of Soldier Fuller, Bertram

(4) Place of Birth Shannonville, Ont.

(5) Are you married, or not ? Not married.

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

(b) Present Postal Address

(7) Are you a widower ?

(8) Have you any children ?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... Yes No

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

(10) Is your Mother alive ? Yes

If so, state name and address Mrs Sam. Fuller, Sh

Shannonville Ont.

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

Are you her sole support, or not ? no

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

(15) Are you insured ? No

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

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

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

M. E. B. Hutcliffe Lt. Col

Officer Commanding.

Date July 27th 1916

Shannonville Ont

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. 4.7.2.2.8.9. Rank Pte. Surname FULLER. (Given name in full) Bertram.

Unit or Corps 3rd C.C.D.V. Birthplace Shannonville Ont

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

1. GENERAL DESCRIPTION:

Physique Good. Weight 143 lbs. Height 5 ft. 6 in. Colour of Eyes Black

Nutrition Good.

Pulse 72

Condition of arteries Good.

Vision Rt. Hypermetropia Left

Hearing (conversational voice) Rt. 6 + 10 to read J. 1. ft.

Left 6 ft.

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

Scar. back of rt hip.

Opinion as to general health and physical condition Good. Fit for A.T.

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 as stated. 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.

Scar back of rt hip, causing no disability.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed ..... M.O.

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Barriefield (Canada)

Date Feb 5 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 Bertram Fuller

(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.
1033 (D.P.) 500M-11-18.
1772-39-1142.

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-903.

ORIGINAL

/GM

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 772289 Rank Pte. Name Fuller, B.
(Surname first)

Unit 125th Battalion who was* Discharged

On February 10th 191 9, to Category "A1"

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb. 1st to Feb. 10th 1919. the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		6 46
Regimental Pay 10 days at $ 1 c		10 00
Field Allowance 10 days at $ c 10		1 00
Separation Allowance		
Clothing Allowance		35 00
Post Discharge Pay		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on ~~XXXX~~r or on discharge, cheque No. 3184	52 46	
Total	52 46	52 46

*Give particulars.

A monthly stoppage of $ 15.00 (†) has (‡) been paid on account of

Assigned Pay for the month of January 191 9
and Separation Allce. for month of 191

(to) Assignee Mrs. Louisa Fuller, Shannonville, Ont.

(Address)

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of $ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment married or single

(2) Separation Allowance, entitled or not No (3) Reason for discharge

(4) Authority for discharge ~~XXXXXXX~~ 3DD 3-F-265

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date February 7th, 1919

Place Kingston, Ont.

OFFICER I/C DEMOBILIZATION PAY DIV. Captain,
MILITARY DISTRICT No. 3 *Paymaster.*

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

cheque #3184 attached

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT				Signature of Officer Making Payment.
			Dr.		Cr.		
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....

ORIGINAL IV
772289

ORIGINAL

MEDICAL HISTORY SHEET.

F124 Ep 8/10/18

125th. OVERSEAS BATTALION C.E.F.

Surname Fuller *Christian Name* Bertram

93

Examined on 3rd day of December 1915
at Brantford, Ont.

Birthplace: City or Town Shannonville. County Ontario.

Apparent age 19

Trade or occupation Farmer

Height 5 Feet 5¾ Inches.

Weight 130 Lbs.

Chest measurement: Minimum 34 inches. Maximum expansion 36½ inches.

Physical development Good

Small-Pox Marks None

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

When Vaccinated last 1908

(*a*) Marks indicating congenital peculiarities or previous disease None

(*b*) Slight defects but not sufficient to cause rejection None

TAB 17.10.18 JRB
2 23.10.18

Approved by G. M. Hanna
Rank Lieut. M.O

Date	Fit or Unfit	Examined for Re-engagement.
18.10.18	D1	JRB 5-OCT 1918 M.O
25/11/18	"A"	C Brock Capt M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
23/3/16		G M Hanna M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
3/3/16		G M Hanna M.O.
11/3/16		Capt M.O.
20/3/16		M.O.
TAB 1/9/16		

Enlisted on 4th *day of* December 1915 *at* Brantford, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	38th D.R.C.	~~38th.~~	Temperate	4 Dec/15
Transferred to..	125 Os. Bn	~~125~~		4 Dec/15
	1st Bn	772289		

CANADA

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Barriefield	9-1-19.	none.	~~[illegible]~~ R. McCoglan 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.

150M.—8-15.
H. Q. 1772-39-439.

D.

STATION.	Date of Arrival at the Station.	DATES OF Admission into Hospital. Day	Month	Year	Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Whipps x War Hosp. Leytonstone		29	9	18	8	10	18	G.S.W. Back (abrasion).	10	healing. Transferred Epsom	D. Broderick Capt RAMC
M.C.H. Epsom.		8	10	18.	28 OCT 1918			G.S.W. Back Lumbar (flesh)	21	On admiss.—healed no disability. 18.10.18 No pains or other disability. Fit for dischg. to C.C.D. category D1.	[illegible] M.O. CAMC

Christian Name

Surname

DEPARTMENT OF VETERANS AFFAIRS

To Copy for HO file

Attention of

Ottawa 4, Ont.
Date June 25, 1969

NAME FULLER Bertram

SERVICE NUMBER 772289 WW1

C.P.C. No.
W.V.A. No. 205051

NAVY
ARMY x
R.C.A.F.

The DEPARTMENT has received information from

STMO DVA Hamilton Ont Tele Memo Date June 24, 1969

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death June 5, 1969
Cause of Death
Place of Death St Joseph's HospitalHamilton Ont.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~D.C.~~
H.O.

Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

DVA 24

C.A.D.C. 5009 A

CANADIAN ARMY DENTAL CORPS, O.M.F.C. MD-3

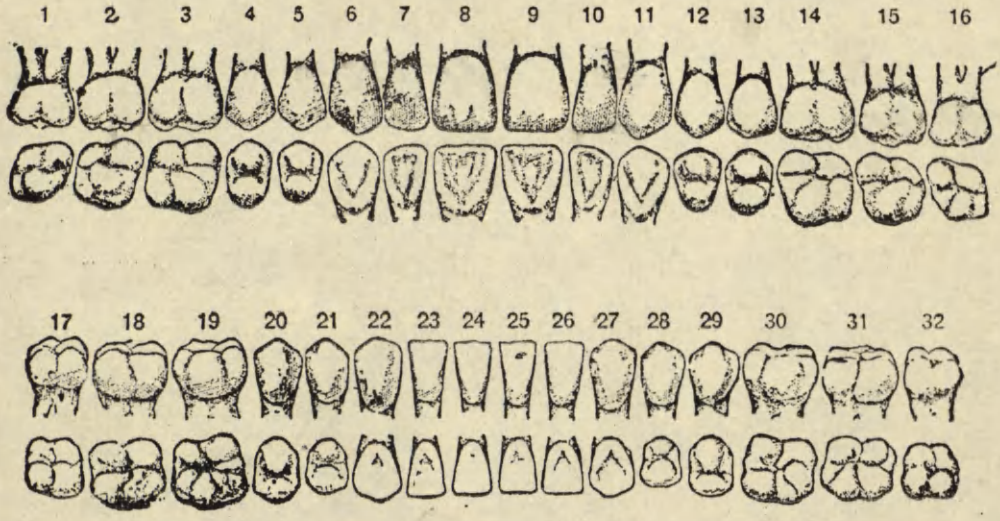
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Fuller B.

REGIMENT 1st RANK Pte No. 112289

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 Fit
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 yes
- ~~(c) In France~~

Kinmel Park
N. Wales

Signature of Dental Officer H W Reid
Capt CADC

DENTAL CERTIFICATE FOR DEMOBILIZATION

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-316

To Whom Louisa Fuller
Address Shannonville Ont

By Whom Assigned Fuller Bertram
Regtl. No. 772289
Rank Pte
Corps 125 Batt'n

Rate 15 00

AUG 1 1916

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

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Louisa Fuller 772289 Name of Soldier Fuller-Bertram

Plte 125th Batt.

L. L. Job 4503. - Req. 6332.

15cr

AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		W 16095	15	
Sept.		G 16347	15	
Oct.		G 20962	15	
Nov.		L 25883	15	
Dec.		G 32200	15	
Jan.	1917	37383	15	
Feb.		43197	15	
March		L 50355	15	15 R
April		K 1608	15	15 L
May		I 8137	15	
June		C 14218	15	15 Cu
July		G 21349	15	
Aug.		33168	15	
Sept.		N 35263	15	
Oct.		N 41625	15	
Nov.		I 47647	15	
Dec.		G 5809	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

255

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.				

No. 772289 RANK Pte. NAME Fuller, Bertram

T. O. S. 4.12.15 UNIT 125th Battalion, C.E.F.
(D.O.#107 7.12.15)

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T
1915	1915	
Dec. 4 1916	Dec. 31 1916	✓
	Jan.	✓
	Feb.	✓
	Mar.	✓
	Apr.	✓
	May	✓
	June.	✓
	July.	✓
	Aug.	4

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED
AUG 7 1916

C

NAME Fuller, Bertram.

3 50 S. demob 10-9/19.
3 0042. 11-2-19.
No 3 D.D.

RANK & NO. Pte. 772289

CORPS ~~125th~~ Batt No. 3. D.D.

ENLISTMENT, PLACE Brantford, Ont. DATE Dec. 3rd. 1915.

FORMER CORPS Nil.

COUNTRY OF BIRTH Canada, Shannonville, Ont.

NEXT OF KIN Fuller, Mrs Sam (mother)

ADDRESS OF NEXT OF KIN Shannonville, Ont.

DISCHARGE, PLACE DATE

Sailed from Halifax Per. S.S. "Scandinavian" 7/8/16

M. F. W. 22. 100 m.—9-15.

L. L. 85779—M. & D.—6011.

R/c 17-1-19 254/823 Pte H. Q. 1772-39-839.

MARRIED SINGLE ✓ WIDOWER

TRADE OR CALLING Farmer RELIGION Church of Eng.

DESCRIPTION.

APPARENT AGE 19 YEARS 10 MONTHS

HEIGHT 5 FEET 5 3/4 INCHES

CHEST MEASUREMENT 36½ INCHES EXPANSION 2½ INCHES

COMPLEXION Dark EYES Brown HAIR Black

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Brantford, Ont, DATE Dec. 3rd, 1915

REMARKS:

FULLER Bertram 1st. Bn 772289

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
9	10	M.C.H. Epsom		G.S.W. Back	B336.			28599
28	10	Discharged			B359.			9222

28/10 to g/u Will report, C.C.D. Wilby R.L. 28/10

Form R. 149.

Name FULLER - Bertram Rank Pte - Reg. No. 772289.

Unit 1st Bn. -

Next of Kin Canada -

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
20	2	4 C. F. A		SW Rt Hip	A152	W61	14141
24	2	Discharged to Duty		do	A154		14338
24	3	1 C F A		Myalgia Gen	A179		15427
27	3	12 C F A		do	A188		16012
28	3	Discharged to Duty		do	A180		do
16	6	3 C. F. A		ICT. Rt Foot	A260		32516
29	6	Dis to Duty		do	A260		do
28	9	22 G.H	Camiers	GSW Back	B332	H376	45031/4
30	9	Gen Mil H. Colchester		do	B332		27945

NAME Fuller Bertram

REGT'L. No. 772289.

RANK AND CORPS Pte 1st Bn Form 125th Bn

H. Q. FILE No 649

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	b NATURE OF CASUALTY
#61 3-7.	2-3-18	Adm to 4 Fld Amb Depot Feb 20th 1918 Shrapnel wd hip. √
677 WSM	21-3-18	Returned to Regimental Duty Feb 24th/18
#370 13-3 #H.L. 9332	7-10-18	Adm 22 Gen Hosp Camiers Sept 28th/1918 GSW Back
		Nok Fuller Mrs Sam Mother Shannonville Ont.

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

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

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 152	4 Can Fld Amb	20-2-18	S.W.R. hip (West Ont)
a 154	" " " "	24-2-18	" " " Disc
A 179	No 1 Can. Fld. Amb.	24-3-18	Myalgia Gen.
A 180	12 " " "	28-3-18	" "
A 180	Do " " "	28-3-18	
a 260	3 Can Fld Amb	16-6-18	D.C.I.R. Foot
a 260	Disch to Duty.	29-6-18	" " " "
B 332 (1)	Gen. Mil. Colchester	30-9-18	Gone Back
B 336 (R)	ex " Mil. Conv. Woodcote" Pk. Epsom	9-10-18	" " "
B 359	Disch	28-10-18	" "

Reg. No.	Rank.	Surname	Category.	Dentally Unfit.
442299	Pte	FULLER		
1st Batt.		Christian Names (1) Bertram		
		(2) (3)	Date	

Place of Enlistment	Date of	Taken on from	Religion	Inoculations	Company
Brantford	4.12.15	Orom			
Province:	Age on	Date		Vaccination	
Ont.	19	28.10.18			

On Command	Hospital	Permanent Cadre	Employed as
		Date taken on	
Date Proceeding	Date Admitted		

Record of Overseas Service:

Profession or Trade (Civil) Farmer

Reason for Return:

Transferred or Posted to ..... Date.....

Married or Single .....

Address of Next of Kin.....

Country .....

LEAVE.

No. of Pass Issued	From	To.	Free Transportation.
	28.10.18	9.11.18	Sy

A.G. 10434.

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
309	8/11/18	A 7			
–	–	F			

TRAINING.

Weeks of Training.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Over.

Nature of Training	Date passed test
Drill	
Musketry	
Bombing	
Rifle Bombing	
Bayonet Training	
Anti-Gas	
Lewis Gun	
Rapid Wiring	

Special Training Courses, etc.

Form DMS 1401.

T. 145 18

Convalescent Hospital, Woodcote Park, Epsom.

HOSPITAL.

AT

A. & D. CARD

IV

A. & D. No. PL. OF ACTION

RANK Pte. REG. NO. 772289 UNIT 1st Can. Bn. SICK OR WOUNDED

NAME Fuller B. AGE 20 RELIGION C of E

PLACE IN HOSPITAL

DIAGNOSIS G.S.W. Back Lumbar (Slight)

ADMITTED 8.10.18. FROM Whippa x Leytonstone

DISCHARGED D.I. 28.10.18. TO 1.C.C.D. Witley

TRANSFERRED

SERVICE AT ~~HOME~~ 3 yrs IN FIELD 2 yrs

RESULTS

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

P.T.O.

REMARKS.

9.10.18. Heales. No Disability. P.T. 2

14.10.18. Complains of pains in chest. Heart & Lungs O.K.

19.10.18. No pain in Chest or other Disability. Fit for D.1

T. P. Bradley
Major. C.A.M.C.

D.M.S. 1300-50M-21-1-17

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
FULLER	B	772289

RANK	UNIT	CO.	TROOP	BATTY.
Pte	W.O.1			

HOSPITAL	DATE OF ADMISSION
4.Can Fld.Amb.	20-2-18

1. 401 C. F. Amb. — Hosp. 24.3.18
2. 12 Can. F. Amb — 27.3.18
3. " " " — Hosp. 11.6.18.
3. 7th Gen. Canners — Hosp. 28-9-18
4. Gen. Mil Colchester — Hosp. 30-9-18

DIAGNOSIS

1. SW. Rt. Hip Rw.
2. Myalgia Gen. R
3. I.C.T. R. Foot & G.S.W. Back.

DISPOSITION — **DATE**

C.I. 1-3-18 A152
4.3.18 A 15.4.1
4-4-18 @ 179
5-4-18 @ 180
12.7.18 a 260.
4-10-18 @ 332
9.10.18 B 339
14.10.18 B 336.
9.11.18 B 359

REMARKS

Desc. 24.2.18
Dis. To Duty 28.3.18
" " " 29.6.18.
Dis 28.10.18

A.M.D. 2 Dept.
Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

	Hospital	Adm.
1.	Woodcote Park [illegible]	9.10.18
2.		
3.		
4.		
5.		
6.		
7.		

*Name FULLER. Bertram Rank Pte. Regtl. No. 772289

Fyle Depot 3. F. 265

Original unit 125 Bn Present unit — M. or S. — Age 23 Religion C of E Ref. H.Q.

Port, ship and date of arrival Salerno Olympic 17-1-19.

Next of kin Mrs Mrs Sarah Fuller Shannonville Ont.

Address on leave Same

Address on discharge

Transportation issued Yes / No Date — Character on discharge

Previous occupation Farmer — Date and place of enlistment 3-12-15 Brantford

Diagnosis — Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
22-1-19	T.O.S. Casualty Company No. 3 District Depot. from O/S. for Disposal, Part Two D.O. 22 Eff. 20-1-19	
	Leave & Lab. 21-1-19 to 3-2-19	

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

(over)

Date.	Remarks	Pt. 2 Order No.

M. F. W. 192
150m.—5-18
1772-39-1243

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	~~ENGLAND or~~ * CANADA.	SEPARATION ALLOWANCE.	* ENGLAND or CANADA.
EFFECTIVE DATE:- 1. 8.16		EFFECTIVE DATE:-	
AMOUNT:- 15 00/xx		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.
Mrs. Louisa Fuller, mother	
Shannonville, Ont. Can	
Stopped Effec 1/1/19.	

NAME:- FULLER "Bertram"

NUMBER:- 772289

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 125th Bn

DATE ACCOUNT FIRST OPENED - 1.8.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			1st Bn
	1-1-19		Canada Section

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
~~4/11/18~~	~~3052~~	~~Disty.~~	~~7 30~~				
~~26/11/18~~	~~3162~~		~~4 80~~				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE - Transferred to Canada Effec 1/1/19 Auth. 4 Res. 17.R.5. 7/12/18 L.P. Bal $25 76.

1918 MONTH	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal Forward								4 02		
April	30 P.P.	33		AR28 8/4/18 1st Bn	4 46						
				Can AP.				15			
				107 29.4.18	3 57				13 99		
May	3. P.P.	33 34 10		Can AP	8 03			15 15			
				155 4/5/18 1st Bn	4 46						
				AR. 269 18-5-18	3 57				25 06		
June	30	34 10 33		Can AP	8 03			15 15			
				Gen Rem. 235.Vo 14096 7-6-18.	24 33						
				AR363 15-6-18 1 Bn	3 57						
				349 4/6/18 1 Bn	4 46				10 70		
July	31	33 34 10		Can AP.	32 36			15 15	44 80		
				3. 2.7.18	4 46				31 06		
				136 7.7.18	4 46						
				218 21.7.18	3 57						
				307 27.7.18	3 57				13 74		
Aug		34 10 34 10		C.A.P.	16 06			15 15	13 74		
				356 22.8.18	1 78				31 06		
Sept	✓	34 10 33		C.A.P.	1 78			15 15			
				420 7.9.18	5 35						
				586 14.9.18	3 57				40 14	P850 signed 22-11-18	
Oct	✓	33 34 10		C.A.P.	8 92			15 15			
				Hosp Rem 40907 1-10-18	4 87						
				AR 2539 9-10-18 CCH. Eps	4 87						
				8181 26-10-18	48 67				.82		
		34 10			58 41			15			
				Over							

NUMBER 772389 RANK Pte. NAME FULLER. B

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov.				Balance Pte Ford Car					- 83		
	30 P.P.	25 -						15	18 83		
	57 28-10-18 to 9-11-18 12 days			AR 3053 16-11-18 4th Res	7 30						
	1st CCD. DO 309 8-11-18	8 76		✓ 3162 28-11-18 ✓	4 87						
	NE. ADVISED 18-12-18.										
Dec	31 ✓	34 10		Car.				15	24 52		
		75 86			12 17			30			
Jan.				AR 8651 24-12-18 Kinmel Pk	9 73				24 79		
				Endorsed.							

A Roberton 4/1/18

P. 559.

Married or Single S

Place of Birth Shannonville Canada

Name and Address of Next of Kin Mrs Louise Fuller Shannonville Ontario Canada

Relationship of Next of Kin mother

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. 772289 **Rank** Private **Name** Fuller Bertram

If in Perm't. Corps What Unit **Unit** 125th Bn **Transferred to** 1st Bn. **Date** 10/10/16 **Authority** Pt2 O 240

Permanent Force Allowances **Transferred to** **Date** **Authority**

Place of Attestation Brantford Canada **Transferred to** **Date** **Authority**

Date of Attestation Dec 3.15 **Transferred to** **Date** **Authority**

Assigned Pay Monthly $ 15.00 **Date Effective** Aug 1.16

Payable to Mrs Louisa Fuller Shannonville, Ontario, Canada **Relationship** Mother

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) 61.

C.

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
Aug 1 to Aug 31	31	1.00	31	00	31	.10	3	10							34 10
Sept 1	30	1.00	30	00	30	10	3	00							33 00
Oct 1 to Oct 9	9	1.00	9	00	9	.10		90							9 90
Oct	22	1	22		22	10	2	20							24 20
Nov	30		30		30		3								33
Dec	31		31		31		3	10							34 10
			18	30			15	30							
Jan 17	31	1.10	34	10											34 10
Feb.	28		30	80											30 80
Mch	31		34	~~50~~ 10											34 ~~50~~ 10
April	30		33												33.
May	31		34	10											34 10

Date	Acquittance Rolls 1: No	1: Date	2: No.	2: Date	3: No.	3: Date	4: No.	4: Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance: Credit	Balance: Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
													0			0				Balance from Canada "Nil."
Aug 1 to Aug 31	17	30/8/16							9 73				15 00		24 73	9 37				Drunk, Fined 2.00 Forfeiture 7 do Pay Pt20 219.
Sept 1	79	15/9/16	141	30/9/16					9 73	4 87			15 00	2 00 7 70	39 30	3 07				
Oct 1 to Oct 9	184	8/10/16							4 87				15 00		19 87		6 90			T/c 1st Bn 10/10/16 Pt D 240
Oct																17 30				
Nov					C.O.B. 7587	21/10					4 36		15.		19 36	30 94		—		
Dec	1551 1601	30/11 —							8 71 2 62				15.		26 33	38 71				
Jan 17	1741	29/12	1764	7/1					5 23	2 61			15.		22 84	49 97				
Feb.	1836	10/1							2 61				15.		17 61	63 16				
Mch	1945 1896	25/2 3/2	2052 2003 2102	16/3 10/3 22/3					6 10 2 61	5 22 3 49 2 61			15.		33 04	52 22				
April													15		15.	70 22				
May	59 142	6/4 22/4							2 62 2 61				15		20 23	84 09				

Checked: H. Rodger

772289 Pte. Fuller B.

DATE	PAY No. of Days	PAY Rate	PAY Amount $ c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $ c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	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
1917																												84 09				
June	30	1.10	33									33	288 233	21/5 9/5							267 357				15		21 24	95 85				
July	31		34 10									34 10			424	8/6									15		15	114 95				
Aug	31		34 10									34 10			542 ~~268~~ ~~267~~	5/7						268 267			15		20 35	128 70				
Sept	30		33									33	646 741	29/7 6/8	484	20/6					267 267	268			15	22	45 02	116 68				20 days FP#1 BO93 11/10

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR3	DR4	BALANCE	DEFERRED PAY	SEP. ALLCE.
		~~116 68~~							116 68		
Oct. 31	P.P.	34 10 34 10		850 24/8 1 Bn	4 46 4 46			16 15	131 32		
Nov 30		33 00		1064 3/10	5 35						
				1164 14/10 "	3 57						
				979 20/9 "	4 46						
				1262 29/10 "	4 46						
				Can A.P. Nov.				15			
Dec 31	P.P.	34 10 67 10		" Dec	17 84			15 30	150 58		
1918 Jan 31	P.P.	34 10		Can A.P.				15			
				CP 48851 24/12/17 (14)	14 60						
				CP 45692 28/12 (14)	2 43						
				C.P. 46221 29/12 (14)	2 43						
				1353 25/11/17 1 Bn (14)	8 92						
				F.C.(1) 1364 15/12 1 Bn (10)	87 60						
				F.C.(1) 1364 — " —	9 73						
		34 10		1384 13/12 " (11)	1 78 127 49			15	42 19 30 80		
Feb 28	✓ ✓	30 80		A.P. Can				15	72 99 58 39		
				1471 3.1.18 1 Bn	4 46						
		30 80		G.P. 31891 22/12 "	38 93 43 39			15	14 60 14 60		
March 31	– –	34 10		A.P. Can				15	34 10 48 70 44 60 4 10	21.98 22.70 44.68	
				7 d. F.P. 11.2.18. Abs. from Parade. B.O. 26 d/12/3/18.		7 70					
				1778 6/3/18 1st Bn	4 46						
				Rly Warrant Vich–Folkestone 30/12/17 Vouch C718	1 46						
				DNAR. 1647 9.2.18 1st Bn	4 46						
				" " 1547.14.1.18 "	3 57						
		34 10			13 95	7 70		15			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR3	DR4	BALANCE	DEFERRED PAY	SEP. ALLCE.	Remarks
					13 95							
				1896 17.3.18 1st Bn	8 03				4 02			
		34 10			21 98 21 98 22 70 44 68	7 70 7 70		15	4 02			34 10 48.70 44 68 4 02

FORM—Q.M.G. D.O.S. 2.

REGT. No. 7/2289 RANK Pte 845 NAME Fuller B.

ISSUE OF CLOTHING AND NECESSARIES.

Date of Attestation 4-12-15 4829

	Date	Initials	Date	Initials	Date	Initials
Boots, Ankle, Can.	25 NOV 18					
,, Reg.	9/5/18	BJ				
Braces, prs.	9/5/18	BJ				
Breeches, D.C.						
Caps, Balmoral						
,, S.D.	9/5/18	BJ				
Cloaks, Drab						
Coats, Warm, M.S.						
Drawers Winter	9/5/18	BJ	11/5/18	BJ		
,, ,,						
Glengarries						
Gloves, Woollen			11/5/18	BJ		
[illegible]reatcoats, S.D.	9/5/18	BJ				
Jackets, Reefer						
,, S.D.	9/5/18	BJ				
,, S.D. Highland						
Kilt						
Kilt Apron						
Pantaloons, Service						
Puttees, prs.	9/5/18	BJ				
[illegible]ts, F. K.	9/5/18	BJ	11/5/18	BJ		
,, ,,						
,, Service						
,, Winter			11/5/18	BJ	11/5/18	BJ
,, ,,						
Socks, prs.	9/5/18	BJ	9/5/18	BJ		
,, ,,						
Trousers, S.D.	9/5/18	BJ				
,, Service						
Waistcoats, Card	9/5/18	BJ				
Mitts, Leather						
V. Tube. M. Ointment						

	Date	Initials	Date	Initials
Badges, Cap				
,, Shoulder				
,, Collar				
Bands, Body				
Brushes, Hair			11/5/18	BJ
,, Cloth				
,, Shaving			11/5/18	BJ
,, Tooth	9/5/18	BJ		
Chevrons				
Combs, Hair			11/5/18	BJ
Caps, Comforter	2 DEC 18	BJ		
Discs, Idty., Red				
,, ,, Green				
,, ,, Cord				
Dressings, 1st Field				
Flashings, prs.				
Forks, Table			11/5/18	BJ
Hosetops, prs.				
Holdalls			11/5/18	BJ
Housewives			11/5/18	BJ
Knives, Table			11/5/18	BJ
,, Clasp				
Lanyards, Clasp				
Laces, 30-in., prs.				
Pins, Kilt				
Razor in Case			11/5/18	BJ
Spoons, Table			11/5/18	BJ
Shoes, Canvas, prs.				
Towels, hand	25 NOV 18	BJ	11/5/18	BJ
Spurs, Jack				
Belts, Waist, V.E.O.P.			[illegible]	[illegible]
Bags, Kit	9/5/18	BJ		

Signature of Soldier Fuller B.

UNIT 1st REGT. No. 777289 NAME Pte Fuller B.

From McHobson To 1st Witley Date 28-10-18

From CAN. RES. BATT. To Kinmel Pk Date 3/11/18

							TRANSFERRED or ATTACHED		CLASS
LEATHER EQUIPMENT 1916.	Date	Initials	Date	Initials	WEB EQUIPMENT	Date	Initials	Date	Initials
Belts, Waist				✓	Belts, Waist	DEC 2 1918	BH		
Braces				✓	Braces, with Buckle	DEC 2 1918	BH		
Carriers, W.B.				✓	Carriers, Cartridge, L.	DEC 2 1918	BH		
Straps, Att. W.B.				✓	,, ,, R.	DEC 2 1918	BH		
Haversacks				✓	,, E. Tool, Heads	DEC 2 1918	BH		
Pouches, Amm., 75 rds.				D	,, ,, Helves	DEC 2 1918	BH		
Packs				✓	,, W. Bottle	DEC 2 1918	BH		
Covers, Mess Tin	DEC 2 1918	BH		D	Frogs	DEC 2 1918	BH		
Tins, Mess	DEC 2 1918	BH		✓	Haversacks	DEC 2 1918	BH		
Bottles, Water	DEC 2 1918	BH		✓	Packs	DEC 2 1918	BH		●
Sheets, Ground	DEC 2 1918	BH		✓	Straps, Supporting	DEC 2 1918	BH		
Blankets, G.S.	DEC 2 1918	BH			Entrenching Tool, Heads	DEC 2 1918	BH		
Slings, Rifle	DEC 2 1918	BH		D	,, ,, Helves	DEC 2 1918	BH		
Rifles C. 19517	DEC 2 1918	BH			Boots, Knee, Rubber				
Bayonets	DEC 2 1918	BH			Coats, oil dressed				
Scabbards	DEC 2 1918	BH			Gauntlets, prs.				
Tins, Oil, 1/6-pint					Hats, Sou'western				
Oil Bottle	DEC 2 1918	BH			Jackets, Oilskin				●
Pull-through	DEC 2 1918	BH			Trousers, Oil-dressed				
Curtains, Sun					Caps, Dowlas				
Bags, Ration					Trousers, Dowlas				
Bandoliers					Frocks, Dowlas				
Leggings					Trousers, Blue Jean				
Straps, Gt. Coat					Jackets, Blue Jean				
,, Mess Tin					Helmet Std	DEC 2 1918	BH		

ISSUES WILL BE ACCOUNTED FOR ON THIS CARD.

Other Ranks will initial for each Article required.

Quartermaster or Representative will initial over entries, on Articles returned to Stores, such Representative will sign their Name and Unit, as well as Q.M., on bottom of form.

The Soldier will be held responsible for the Articles remaining on his charge, as shown on this card.

Q.M. CAPT. & Q.M. O. i/c ORDNANCE STORES, MILITARY CONVALESCENT HOSPITAL WOODCOTE PARK, EPSOM.

Unit

Q.M. CAPT. Q.M. 4TH RESERVE BN. C.E.F.

Unit

Q.M.

Unit

T.W.C.

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

M. F. W. 54.
150M. 10-15. H.Q. 1772-39-930.

Casualty Form—Active Service.

Unit, Regiment or Corps 125TH. OVERSEAS BATTALION, C. E. F.

Regimental No. 772289 Rank Private C. E. F. Name Fuller, Bertram

Enlisted (a) ~~4~~ 3/12/15 Terms of Service (a) duration of war Service reckons from (a) ~~4~~ 3/12/15

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

Extended ______ Re-engaged ______ Qualification (b) (Farmer)

CERTIFIED CORRECT. 24 OCT. 1916 CAN. RECORDS, LONDON

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada	Halifax	6/8/16	
		Disembarked England	Liverpool	18/8/16	
10.10.16	O.C. 125.	Proceeded overseas for service with 1st Bn P.F.T. O 240		10.10.16	At Bramshott Appr'd by O.C. 125th Bn
~~II.IO.I6~~	~~C.B.D.~~	~~Reinforcement Ist Bn~~	~~C.B.D.~~	~~II.IO.I6~~	~~N.R.PtII.C.53,d/2I.IO.I6~~
I.II.I6	do	Left for unit	Field	I.II.I6	N.R.
5.11.16	O.C. 1st BN	ARRIVED 1st BN.	FIELD	4.11.16	B. 213 D.C.S 339
19.5.17	"	Attd to 1st T.M. Battery		10.5.17	B.213 D.C.S 397 d. 8/6/17
7.8/17	1st T.M.B.	Sentenced to 20 days F.P. #1 28/8/17 for. Neglect of duty (1) in that he failed to deliver to the front line, rations on the 20.8.17, (2) In that he did not return rations to Q.M. Stores 20/8/17		27/8/17	B 2069 Part II 93 d. 11.9.17

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
22.12.17	1st TmB	Granted 14 days leave to	England	17.12.17	B213 Part II #1d 2/1/18
5/1/18	dw	Rejoined from leave.		1/1/18	B213
22/2/18	dw	To hosp wded.		18/2/18	B213
21/2/18	26 Fa	Sw hip Slt. adm	26 Fa	19/2/18	A36/a8326
		To	46 Fa	20/2/18	
24/2/18	46 Fa	dw adm	46 Fa	20/2/18	A36/a8638
		To	duty	24/2/18	
2/3/18	1st TmB	Rejoined from hosp.		24/2/18	B213
15/2/18	06 1st TmB	Sentenced to 7 days FPN 11/2/18. for when on a/s absent from 3.30 pm parade 10/2/18.		11/2/18	B2069 Part II 23 d 12/3/18
30/3/18	06 1st Tm	To hosp sick from TmB.		24/3/18	B213
24/3/18	16 Fa	Myalgia adm	16 Fa	24/3/18	A36/a8
		To	6 D.S.	25/3/18	A36/a105
25/3/18	26 Fa	do (Remy) adm	26 Fa	25/3/18	A36/a198
		To	12 6 Fa	27.3.18	A36/a266
27.3.18	12 6 Fa	dw adm	12 6 Fa	27.3.18	A36/a216
		To	duty	28.3.18	A36/a314
6/4/18	06 1st TmBn	Rejoined from hosp.		5/4/18	B213
17.6.18	3 CFA	C.T. to foot. adm	3 CFA	17.6.18	F779 5
21.6.18	3 CFA	do rem	3 CFA	17.6.18	F Gu 88.
22.6.18	DC 1st Bn	to hospital sick	Field.	16.6.18	B213
30.6.18	3 CFA	C.T. to foot to	Duty.	29.6.18	472.
6.7.18	1st Can Bn	Reported 1st TmB from hosp.	Field	30.6.18	B213
17.8.18	DC 1st Bn	Ceased to be attd to 1st TM Bty on rejoining unit		10.8.18	B213

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 772289 (Rank) Private

Name (in full) FULLER, Bertram enlisted in

the 125th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Brantford, Ont. on the 3rd

day of December 19 15.

HE served in Canada, England and France.

and is now discharged from the service by reason of In accordance with R.O. 1343 "Demobilization" Authority 3DD-3-F-265 D/ 3-2-19

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

Age 23 years.

Height 5 ft. 5¾ ins.

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars

Scar over back right hip.

L S W Back 28-9-18

B Fuller

Signature of Soldier

R C Rapple

Issuing Officer

Lt

Rank

D. C. Discharge Section No. 3 District Depot

Appointment

Date of Discharge 10-2-19

Signed at Kingston, Ont. this 10th day of February 19

in Military District No. 3

File Reference No. 3DD-3-F-265

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

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

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

R—122

TLH. Rank Name FULLER, Bertram, - Reg'l No. 772289.-

Unit 125th.Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Brantford, 3rd.Decr. 1915.- Place of Birth Shannonville, Ontario.

Name and Address, Next-of-Kin Mrs Sam Fuller,-

Shannonville,Ontario,Canada. - Relationship Mother.-

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

N/E. R.B. No. 5776
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.
c 6		Arrived in England		18 AUG.1916	S.S. Scandinavian
0 0 16	125Bn.	Tfdtolst.Bn.O.Seas	B'shott	10101 6	Pt2DO
21- 10.16	1st.Bn	Taken on Strength	Field.	11.10.16	Pt, TLO #53.
1.3.18	WOR. 1/2	Wounded	"	20-2-18	L.H.R.Hp. Nil DO. a. 152.
c c 4.10.18	1st Bn	SOS to WORD	"	29.9.18	DO 101 & WORD 2410/12.10.18
"	WOR	WOUNDED	"	28.9.18	CLA332
31.10.18	WORD	on bout to 1st C C D	Witley	28.10.18	DO 257 + 1CCD309 9/11/18
20-11-18	"	Ceaseson com 1st CCD + S.O.S. to 4th Res	"	14-11-18	2744/1st CCD 316 d/15-11-18 & 4th Res 280 d/26-11-18
20-1-19	4th Res.	S.O.S. proceeding to Canada	"	9-1-19	16

A.F.B. 103 CHECKED 2 OCT...

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.
			x2		
			542.		

Army Form B. 103. Regimental Number 72289

Casualty Form—Active Service.

Regiment or Corps.....

Rank Pte Surname Fowler Christian Name Bertram

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

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

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

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

or Corps Trade and Rate.....

Occupation..... .....Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.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...			
3-12-18	4th Reserve	T.O.S Kinmel Park Kinmel Park 2-12-18 D.O.S.			
		S.O.S Embarkading to Canada 12-12-18 D.O.C.			
		& Cl. #7 wing			
		Canada Camp			
	attd. to Kinmel Park. Part 2. D.O. #1. of 3/12/18				
24/12/18	Ceases to be attd. on transfer to C.E.F.				
9/1/19	on proceeding to Canada. Part II. D.O.		13. 2		of Dec 18
			11		4/1/19
		Stewart			Lieut

(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.

(6228) W. 13863/M1477 2,400.000 1/17 McA & W.Ltd Forms B./103/4 (E. 858)

[P.T.O.

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				
22/1/19.	T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. # 22.		Kingston,	20/1/19.	
		J. Williams LIEUT. for O.C. Casualty Co., No: 3 District Depot			
10-2-19	D of D	Discharged	Kingston	10-2-19	A.B.II
					Dft Pro Capt.

Army Form B. 103. Sheet 2

Regimental Number 772289

Casualty Form—Active Service.

Regiment or Corps 1st Battalion

Rank Pte Surname Fuller Christian Name B

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

Enlisted (a) 3/12/15 Terms of Service (a) D of W Service reckons from (a) 3/12/15

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

Extended ..... Re-engaged ..... Qualification (b) ..... or Corps Trade and rate .....

Occupation Farmer ..... 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			
29-9-18	22 General	Invalided Wounded Posted to Western Ontario Regtl. Depot, Witley.	per H.S.		W3013/6107
			Stad Antwerpen	29-9-18	[illegible] 1-10-18
					[signature] Lieut for O.C. [illegible]
4-10-18	W.O.R.D.	T.O.S. from 1st Bn.	Witley	29-9-18	[illegible]

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

(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.

W 8645—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 K/1597. P.T.O.

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				
14-11-18		Ceases to be attached on proceeding to 4th Res	4th Res	D.O. No.	315 D/14-11-18
					Lieut. Canadian Command Depot.
22-11-18	4th Can: Res: Bn	T.O.S on posting from W.O.R.D	Witley	14-11-18	Pt 2 D.O. No 271
3-12-18	4th. Res. Bn.	On Command Kinmel Park Camp, pending return to Canada.	Witley	3-12-18	Pt. 2 D.O. 286
					A/Adjt. 4th. Can. Res. Battalion. Lieut.

D.M.S. 1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☞ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Pte. Name Bertram Surname Fuller

Unit or Corps 4th Reserve (If a soldier) Regtl. No. 772289

Born at Thamesville Ont. on, date 2nd Feb 1899

Signature (for identification) Bertram Fuller

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. no.

Weight 140 lbs.

Height 5 ft. 6 ins.

2. **NUTRITION AND DIATHESIS?** good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?** normal.

4. **RESPIRATORY SYSTEM.** normal

5. **HEART?**

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 74 Intermittence or irregularity? none

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM?** normal

8. **GENITO-URINARY SYSTEM?** normal

Urinalysis—S.G.? 1004 Reaction? acid Albumen? no Sugar? no

9. **SKIN, MIDDLE EAR, EYE** or any other part? normal.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? Good.

Examined at Hemel Park Signed [illegible] Capt. M.O.

Date Dec 16/12/18 Signed [illegible] M.O.

☞ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

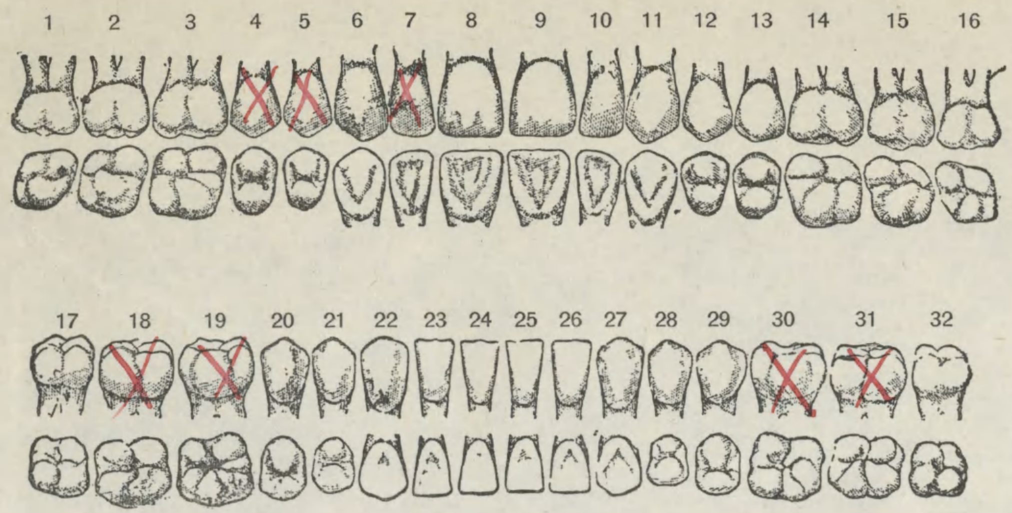
DISTRICT 3

No. 3122289

NAME OF SOLDIER Fuller B.

RANK Pte.

REGIMENT Do.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.

2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1919 Feb 6										4,5,7, 18,19,30,31,									D.W. Massey Capt-3		Complete.

M.F.B. 465.
150M.—4-18.
1772-39-850.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch F

OVERSEAS CONTINGENTS

6110
~~6221~~

Date of Assignment aug 1 – 16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

5 27 28 MR

PARTICULARS OF SEPARATION ALLOWANCE

No. 772289

Rank Pte Promoted Reverted Discharge

Soldier's Name Bertram Fuller

Battalion 125 Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Louisa Fuller

Address Shannonville Ont.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec 31st			255 -	255 -		065-21-B-2
Jan.	D647 43		15	15	B.	
Feb.	A 97576		15	15		
Mar	A 137375		15	15	✓	
Apr	A 145 85		15	15	✓	
May	S 13642		15	15	✓	
June	M 24095		15	15	✓	
July	M 31467		15	15	✓	
Aug	M 39546		15	15	✓	
Sept	T 42216		15	15	✓	
Oct	R 55875		15	15	✓	
Nov	N 58675		15	15	✓	
Dec.	V 67922		15	15	✓	
Jan	I 69821		15	15		MA 063637
~~Feb~~			450	450	B	

A/c Closed 31-1-19

Ret'd per Olympic.... M 10-3

Date 17-1-19 E.X. 23-1-19

Clerk H. E. Bligh

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22820—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 2232D—M. & D. 7693.

AUDITOR HW | PAYMASTER

M. OR S.

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

REGT. No. 772289 RANK Pte. NAME (IN FULL) FULLER, B. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN Nil.

ADDRESS

RELATIONSHIP

IS SEPARATION ALLOWANCE PAID? Nil.

TO WHOM PAID

DATE EFFECTIVE

RELATIONSHIP

ADDRESS Nil.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
1.10		
Pte. Fuller, Bertram, Shannonville Ont.		

ORIGINAL UNIT C.E.F. 125th Bn.

IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION

TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION Dec. 4th, 1915.

TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ 15.00 DATE EFFECTIVE 1-2-19

PAYABLE TO Mrs Louisa Fuller, RELATIONSHIP Mother,

ADDRESS Shannonville Ont.

ANY CHANGE IN ASSIGNEE OR ADDRESS 7-315

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Kingston — DATE Feb 10/19 — REASON Demob. — AUTHORITY 3-F-265 — IF ENTITLED TO POST DISCHARGE PAY

106.

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.	BALANCE Credit $ c.	PARTICULARS OR REMARKS
Balance from previous account					25 76	25 76													25 76	
Dec.							23/12/18			9 73	30 00	9 87	15 00				64 60	38 84		
1919 Jan.	31	1.10	34 10		11 20	45 30													6 46	Dec 21 (Subs) 14 days
Feb.	10		11		35 -	46 -		31 84			52 46						52 46			
						117 06											117 06			
Feb. 10/19	183 days		W.S.G.			420 00	a6007			70 00										
Mar 8/19							G236121			70 00										MFW 2595 received
Apr. 10/19							G316265			70 00										
May 7/19							G328081			70 00										
June 5/19							339429			70 00							350	70	HW	
July 10/19							942252			70 -							420			

OK

M.B.

60m.-11-18 L. L. 51777. M. & D. 9585.

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

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

4-10-33.

1. No. 772289

2 Rank. Private

3. Name. MULLER, Bertram.

4. Unit. No. 3 District Depot

5 Date of Discharge | 10-2-19 | Place Kingston, Ont.

6 Reason for Discharge "Demobilization"

7. Authority. ~~3DD-3-F-265 D/ 3-2-19 R.O. 1343~~

8. Proposed Residence after Discharge Shannonville, Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? 39

× B Muller

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Kingston, Ont.

Date 10-2-19

R. Rogge Lieut.

Signature ..... (O. C. Discharging Unit.)

No. 3 District Depot

M.F.B. 218a—300M.-11-18—1772-39-113.

ZP

Cleared

21623
20/2/19

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

Number 772289 Rank Pte

Surname FULLER

Christian Name Bertram

Units 1 Bn Can Inf Theatre of War France

Date of Service 11-10-16

Remarks Sent to Skammonville Ont

Latest Address

Roll No B Page 15-871

200m.-2-21.M.

Class "A" 409976 2-2-60