

*M. J.*

ORIGINAL

B.D.

5

*M. J.*

# ATTESTATION PAPER

No. *27396*

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name?..... *Jack Stanley Bullen*
2. In what Town, Township, or Parish, and in what Country were you born?..... *Ipswich, Suffolk, England*
3. What is the name of your next-of-kin? (Mother) *Mrs Add Bullen*
4. What is the address of your next-of-kin?..... *12 Museum St. Ipswich England.*
5. What is the date of your birth?..... *3rd Jan 1891.*
6. What is your trade or calling?..... *Farmer*
7. Are you married?..... *Single*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military Force?..... *No*  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *Yes*

*Jack S. Bullen.* (Signature of Man.)

*A. Harrison Pickell* (Signature of Witness.)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Jack Stanley Bullen*, 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.

Date *5th July* 1915 *Jack S. Bullen* (Signature of Recruit.)  
*A. Harrison Pickell* (Signature of Witness.)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Jack Stanley Bullen*, 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.

Date *5th July* 1915 *Jack S. Bullen* (Signature of Recruit.)  
*A. Harrison Pickell* (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 *Moose Jaw Sask.* this *5th* day of *July* 1915

*A. Harrison Pickell* (Signature of Justice.)

*Justice of the Peace*

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

*Herbert Swell* (Approving Officer.)

*Lieut. Col.*

DESCRIPTION OF Jack Stanley Bullen ON ENLISTMENT.

Apparent Age 24 years 6 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 5 1/4 ins.

Chest measurement { Girth when fully expanded 41 ins.  
 Range of expansion 4 ins.

Complexion Dark

Eyes Brown

Hair Black

Religious Denominations { Church of England Yes  
 Presbyterian  
 Methodist  
 Baptist or Congregationalist  
 Other Protestants  
(Denomination to be stated.)  
 Roman Catholic  
 Jewish

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 5<sup>th</sup> July 1915

J. M. Leask

Place Moose Jaw Sask.

capt

Medical Officer.

\*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT

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

A. M. ... (Signature of Officer.)

Date 5<sup>th</sup> July 1915

Major  
Com 60<sup>th</sup> Rifles  
Recruiting Officer

Rank *Private* Name **BULLEN, Jack Stanley**

Reg'l No. **427396**

Unit **46th Bn.**

If in perm. Corps,  
What Unit?

Married or Single **Single**

Place and Date of Enlistment **Moose Jaw, 5th July 1915.**

Place of Birth **Ipswich, Suffolk, Eng.**

Name and Address, Next-of-Kin **Mrs Ada Bullen, 12 Museum St, Ipswich, Suffolk, England**

Relationship **Mother**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place **7-9-16**

Reason **Kina.**

Character **Ch. 448 22/9/16**



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						
1915																	
Nov 30	30	30	1	30	30	10	3		33			21 90			21 90	11 10	
Dec 1	31	31	1	31	31	10	3 10	11 10	45 20			34 06			34 06	11 14	
Jan 1	31	31	1	31	31	10	3 10	11 14	45 24			29 20			29 20	16 04	
Feb 1	29	29	1	29	29	10	2 90	16 04	47 94			17 03			17 03	30 91	
Mar 1	31	31	1	31	31	10	3 10	30 91	65 01			19 44			19 44	45 54	Settled
				152			15 20		167 20						121 66	45 54	Checked

BALANCE TRANSFERRED TO NEW LEDGER.

Statement of  
DEC 12 1916  
Account rendered

Cash found in  
effects

Checked



Rank \_\_\_\_\_ Name **BULLEN, Jack Stanley** Reg'l No. **427396**  
 Unit **46th Bn.** It in perm. Corps, }  
 What Unit? } Married or Single **Single**  
 Place and Date of Enlistment **Moose Jaw, 5th July 1915.** Place of Birth **Ipswich, Suffolk, Eng.**  
 Name and Address, Next-of-Kin **Mrs Ada Bullen, 12 Museum St, Ipswich, Suffolk, England**  
 Relationship **other**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

N/E. R.B. No. **5**  
 File R.L. \_\_\_\_\_  
 Category **Line A**

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

*M-X  
22-1-21 R.R.*

16

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				
		<i>Arrived in England. S. S. Lapland</i>		<i>2 11/15</i>	
<i>10-1-16</i>	<i>D.C. no 24</i>	<i>Admitted Hospital (Gozema)</i>	<i>Bramshott</i>	<i>8-1-16</i>	
<i>" "</i>	<i>" "</i>	<i>Discharged Hosp</i>	<i>" "</i>	<i>13-1-16</i>	
<i>15-3-16</i>	<i>S.C. 62</i>	<i>Adm Hosp</i>	<i>Mil H Bramshott</i>	<i>9-3-16</i>	<i>(N.Y.D.) + Pt II D.O. 58 (various)</i>
<i>23-3-16</i>	<i>" 65</i>	<i>Disch Hosp</i>	<i>-</i>	<i>20-3-16</i>	
<i>9-6-16</i>	<i>Adjt 46th</i>	<i>Subsistence allowance (\$3<sup>36</sup>)</i>	<i>Bramshott</i>	<i>21-3-16 27-3-16</i>	<i>Pt II D.O., 136. Letter 8/6/16</i>
<i>22-6-16</i>	<i>" "</i>	<i>Proceeded overseas for service with 16th Bn</i>	<i>" "</i>	<i>16-6-16</i>	<i>" " 148. Auth 10th Bde</i>
<i>30-6-16</i>	<i>6/8 16<sup>th</sup></i>	<b>Taken on strength.</b>	<i>Feld</i>	<i>17-6-16</i>	<i>Pt II orders 26</i>
<i>22/9/16.</i>	<i>16th Bn</i>	<b>Killed in Action</b>		<i>4/4/9/16.</i>	<i>C. L. A 448. Pt II D # 44. d. 18/9/16</i>





ORIGINAL.

MEDICAL HISTORY SHEET.

Surname Bullen Christian Name Jack Stanley

Examined { on 5 day of July 1915  
at Moose Jaw, Sask.  
Birthplace { City or Town Ipewich  
County Suffolk, Eng

Approved by Sgt. J. M. Leask  
Rank Capt M.O.

Apparent age 24 1/2  
Trade or occupation Farmer  
Height 5 Feet 5 1/4 Inches.  
Weight \_\_\_\_\_ Lbs.  
Chest measurement { Minimum 37 inches.  
Maximum expansion 4 inches.  
Physical development \_\_\_\_\_  
Small-Pox Marks \_\_\_\_\_

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_  
Number \_\_\_\_\_  
When Vaccinated last \_\_\_\_\_  
(a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_

Date	Result	VACCINATIONS.
<u>24/12/15</u>		M.O. ✓
		M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1/5/15</u>		M.O. ✓
<u>11/5/15</u>		M.O. ✓
<u>21/5/15</u>		M.O. ✓

Enlisted on 5 day of July 1915 at Moose Jaw, Sask.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>46<sup>th</sup> O. Bu.</u>	<u>427396</u>	<u>Good</u>	<u>5/1/15</u>
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

*Vertical stamp:* 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.  
*Signature:* W. G. Bayley  
*Rank:* Lieut.-Col.  
*Position:* In Charge of Records, Canadian Contingent.  
*Date:* 21/5/16

Surname *Balden* Christian Name *John S.*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Bramshott MH</i>		<i>8</i>	<i>1</i>	<i>16</i>	<i>13</i>	<i>1</i>	<i>16</i>	<i>Edema</i>	<i>6</i>	<i>Slight Eczema of face. discharged cured</i>	<i>W. E. C. Mason, doct. RMC</i>
<i>Bramshott MH</i>		<i>8</i>	<i>3</i>	<i>16</i>	<i>20</i>	<i>3</i>	<i>16</i>	<i>Varicocele</i>	<i>13</i>	<i>Operation recovery</i>	<i>[Signature]</i>

Duplicate Medical History Sheet  
posted to here.  
Medical Registrar  
Record Office.

Duplicate Medical History Sheet  
posted to here.  
Medical Registrar  
Record Office.

25 B 2044

8762

No. 427396. Pte. J. S. Bullen,  
46th. Batt. C.E.F.

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 427396.

Name J. S. Bullen.

Unit 46<sup>th</sup> Batt.

Military Will.

In the event of my death  
I leave all my personal  
property + effects to  
my sister

Effie Bullen  
12 Museum St.  
Ipswich

Signature J. S. Bullen.

Rank and Regt. Pte. 46. Batt.

Date 28<sup>th</sup> Feb. 1916.

(25)

ESTATE OFFICE  
JAN 28 1916  
MILITARY DEPT.



NO. 1038. Pte. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

1871. 1872. 1873. 1874. 1875.

1446

**CERTIFIED CORRECT.**  
**Army Form B. 103100**  
 Canadian Record Office,  
 Westminster House,  
 7, Millbank, S.W.

### Casualty Form—Active Service.

Regiment or Corps 46<sup>th</sup> Battalion C. I. F.

Regimental No. 427396 Rank Plt Name Bullen Jack Stanley.

Enlisted (a) 5-7-15 Terms of Service (a) D of W Service reckons from (a) 5-7-15

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Entrenching. (Farmer)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.	
Date	From whom received					
		Embarked, Halifax, Canada	21. Octr. 1915			
		Disembarked, Devonport, England	30. Octr. 1915			
		<u>Proceeded overseas for service with 16th Batta</u>			<u>10.6.16.</u>	<u>Herbert Snell</u> LIEUT: COLONEL, COMDG: 46th BATTN: CANADIAN INFANTRY.
19.6.16	O.C. C. B. D.	Landed in France. Taken on strength <sup>16</sup> 6th Cdn. Bn.	17.6.16	Nom. Roll d/ Pt 11 D.O d/	26 30.6.16	
"	do	Left for Unit	"	Nom. Roll d/		
23.6.16	O.C. 60 Bn.	Arrived Unit for duty	20.6.16	B. 213 d/		
12-9-16	O.C. Bn.	Killed in Action in the Field.	4/7-9-16	Letter. A.A.G., File K.I. 137/1099. Part 2 Orders No. 44, dated 18-9-16.		
		<u>J. W. Hogan</u> Captain. for Lieut-Col., A.A.G., Canadian Section, 3rd. Ech. GHQ				

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

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				

Surname

Christian Name or Names

Reg. No.

Bullen

J.S.

427396

Rank

Unit

Co.

Troop

Batty.

P/E

46 Bn 16<sup>th</sup>

Date of Admission

Transferred New Mil Bramshott

Hosp. 8-1-16

Milit<sup>y</sup> Hosp. Bramshott.

Hosp. 9-3-16

Hosp.

Hosp.

Diagnosis

Eczema NYD

(1) Later Diagnosis (if changed)

(2)

Varicocoele

(3)

Additional Diagnoses: If more than one state present

Killed in Action 4/7-9-16

DISPOSITION

Date

Dischg<sup>d</sup> 20-3-16

Dis 13-1-16

Dis 20-3-16

#27

Ch 18-1-16

C.L. 15-3-16 #62

C.L. 23-3-16 #68

Cl 9-6-16 #105

24-7-16 #120

" 22-9-16 A448<sup>(4)</sup>

Rep from Base

A.M.D. 2 DEPT.

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

of B &

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



649-B-9953

#427396, PTe. Jack Stanley Bullen, 16th. Can. Bn.

M. & D.

(Sister) Miss Effie Bullen,  
12 Museum Street,  
Ipswich, Suffolk, Eng.

P. & S.

(Father) Mr. Horace Bullen,  
Same address as above.

Serial No 792341

Mem. Cross

(N; Scroll Desp. Reqn. No 2-29853

not Eligible for 14-15 Star

E.. .. V.M

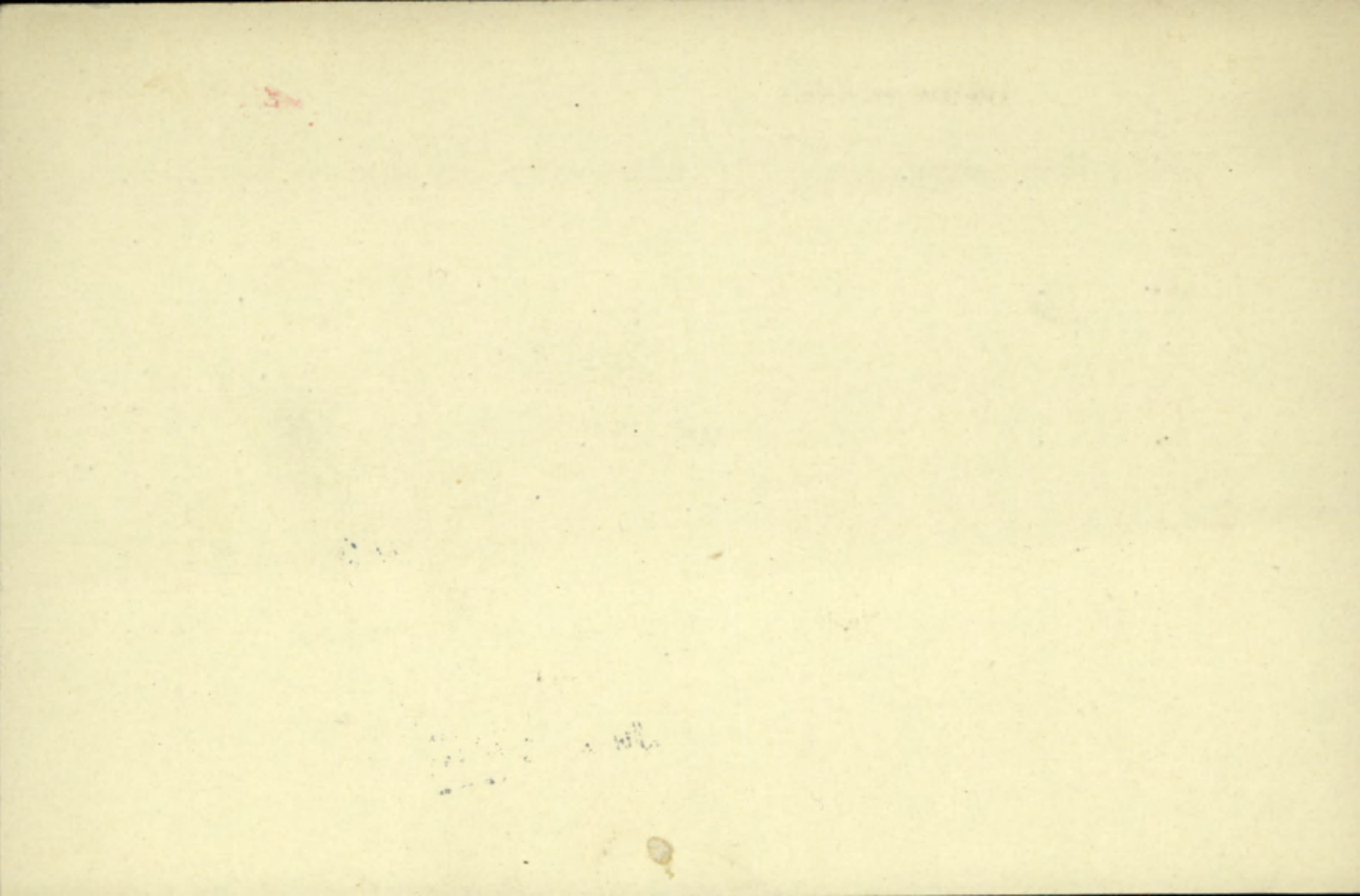
E.. .. B.W.M.

Place Desp JAN 5 1922 Reqn No PC 2483

45286

R.R.

M



Name BULLEN, Rank Pte, Reg. No. 427396

Unit Jack Stanley.

16th. B'n.

25-B 1967

Next of Kin Mrs. Ada Bullen, 12 Museum St. Ipswich, England.

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4/7/9/16.	Rpt. from Base. KILLED IN ACTION	ACTION		A448	21/9. 0 1188	22/9



SURNAME.

*Bullen* 644-13-9923.

CARD No.

CHRISTIAN NAMES

*Jack. Stanley.*

FOLL

**D**

REGL. No.

*427396.*

RANK

*Pte.*

UNIT

*46th.*

*Battn.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

NAMES IN FULL

*Bullen. Mrs. Ada.*

RELATIONSHIP TO SOLDIER

*Mother.*

ADDRESS

*12. Museum. St.  
Ipswich. Eng.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*England. Ipswich Suffolk.*

DATE

PLACE OF ATTESTATION

*Moosejaw*

DATE

*July 5<sup>th</sup> 1915.*

*Sailed 23-10-15 "Lapland" Halifax.*

*244  
3*

MARRIED

SINGLE

*yes*

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

No.

RANK

Pte.

NAME

Bullen. J. S.

T. O. S.

5-7-15  
(July Paylist)

UNIT 46th Battalion

M. D. 10

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1915  
July 5.

1915.  
July 31

Aug.

Sept.

Oct.

L

L

L

L

UNIT SAILED

OCT 23 1915





14210

Y.M.

Number 427396 Rank Pte- V

Surname BULLEN

Christian Name Jack Stanley

Units 16th Bn Can Inf Theatre of War France

Date of Service 17-6-16. D

Remarks

Latest Address ~~N. S.~~  
(Sister) Miss Effie Bullen,  
12 Museum St.,

Roll No. B Page 19525 Ipswich,  
Suffolk, Eng.  
200m.-6-21.

DATE AND PLACE OF ORIGIN.....

\*DUE TO SERVICE  
\*NOT DUE TO SERVICE

U.S.  
REGN. NO. 47269  
JUL 31 1922

HOSPITAL AS AN ADMISSION.....

HERE FROM).....

IN CATEGORY.....

INVALID.....

HERE TO).....

CONDITIONS DIAGNOSED.....

ADDRESS.....

HOSPITAL.....

STATION.....

\* CROSS OUT CONDITION NOT APPLICABLE.

(OVER)

NAME *Buller, Jack Stanley*

REGT'L No. *427396*

RANK AND CORPS *Pte. 16<sup>th</sup> (Gorham) 46<sup>th</sup> Battalion*

NO. *3142x*  
FOLL.

CABLE

NATURE OF CASUALTY

NO.

DATE

*D1188 21-9-16*  
*AFB2090A*  
*Louen 18-9-16*

*Killed in action bte following dates Sept 4<sup>th</sup> and 7<sup>th</sup> 1916*  
*Killed in action bte 4<sup>th</sup> and 7<sup>th</sup> 9-16*

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
27	New Mil. Bramshott	8-1-16	Eczema
27	Discharged.	13-1-16	" " "
62	Mil. Bramshott.	9-3-16	N. Y. D.
68	Discharged	20-3-16	Varicocele
105	Mil. Bramshott. Discharged	20-3-16	(Not stated)
120	Mil. Bramshot. Disch.	20-3-16	Not stated
A448	Left from Base	4/7-9-16	Killed in action

Name Bullen J. S. Rank Pte Jack Stanley Reg. No. 427396  
 Unit 46th Battalion.

Next of Kin Mrs Ada Bullen.  
 12 Museum St. Ipswich, Suffolk.

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
8-1-16	new mil	Hr Bramshott	Eczema	27		
13-1-16	Discharged		do	27		
9.3.16	Mil Hoq.	Bramshott	Wyn.	62		
20/3/16	Dis.			105		
20.3.16	Now diagnosed as.	Varicocele		120		

Date

Movement

Place

Casualty

List  
No.

Notified  
N/KO.

W.O.  
List









