

REGIMENTAL DOCUMENTS

NAME BULLIVANT WILLIAM JAMES

REGT. NO. 808974

UNIT

H. Q. FILE NO.

(S) 3

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

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1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

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1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

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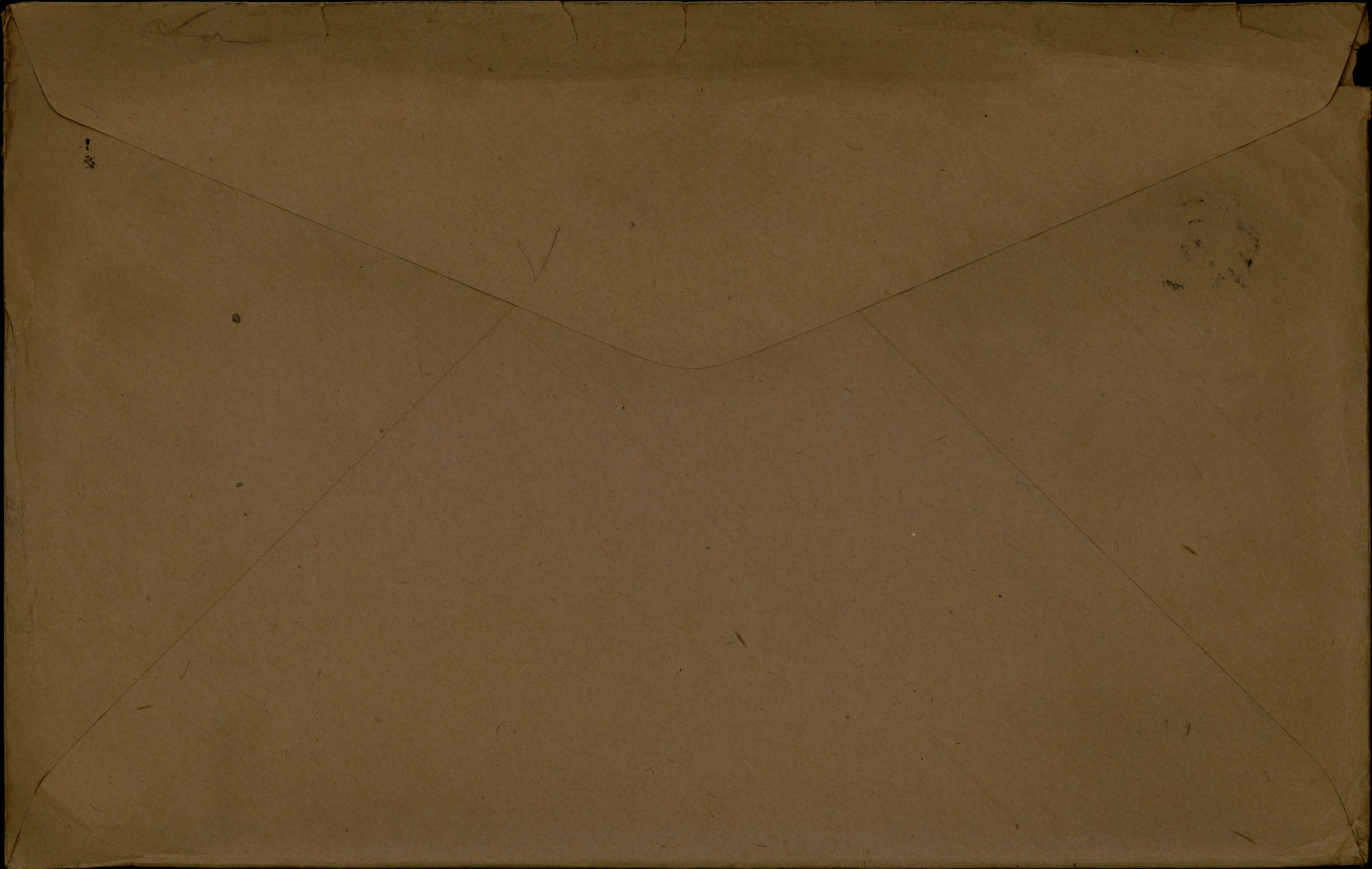
(M)

(H)

49971

25 = 5  
10 = 5  
5 = 5  
2

m + w  
21 - 11 - 22



High River

ORIGINAL  
868974

# ATTESTATION PAPER.

No.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Bullivant*
- 1a. What are your Christian names? *William James*
- 1b. What is your present address? *High River, Canada*
2. In what Town, Township or Parish, and in what Country were you born? *Georgetown, Ontario Canada*
3. What is the name of your next-of-kin? *Isaac Bullivant*
4. What is the address of your next-of-kin? *Medicine Hat Alberta Canada*
- 4a. What is the relationship of your next-of-kin? *Brown Uncle*
5. What is the date of your birth? *21 Sept. 1886*
6. What is your Trade or Calling? *engineer*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force?  
If so, state particulars of former Service. *No*
11. Do you understand the nature and terms of your engagement? *yes*
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *yes*

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

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

*W. J. Bullivant* (Signature of Recruit)

Date *March 4* 1916.

*C. V. Smith* (Signature of Witness)

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

I, *William James Bullivant*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

*W. J. Bullivant* (Signature of Recruit)

Date *Mar 4<sup>th</sup>* 1916.

*C. V. Smith* (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 *Okotoks, Alberta* this *4<sup>th</sup>* day of *March* 1916

*P. A. Brownie* (Signature of Justice)

# Description of William James Bullivant on Enlistment.

Apparent Age 27 ~~30~~ years ..... 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. 4 1/2 ins.

Chest measurement { Girth when fully expanded..... 36 1/2 ins.  
 Range of expansion..... 3 1/2 ins.

Complexion ..... Dark  
 Eyes ..... Dark  
 Hair ..... Dark

None

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

## 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..... March 4 191 6

Place..... Edmonton, Alberta, Canada

R. E. B. Newell M.D.

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.

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

Geo. W. Morfitt Col.

(Signature of Officer)

MAR 17 1916

Date..... 191 ..

137TH O. BN. C.E.F.

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

M. F. W. 54. (A. F. B. 103.)

250M.—1-44.

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps

137TH O. BN. C.E.F.

Regimental No.

808974

Rank

Private

Name

William James Sullivan

Enlisted (a)

4/3/16

Terms of Service (a)

C. E. F.

Duration of war

Service reckons from (a)

4/3/16

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)

Engineer

Report

Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents.

UNCLASSIFIED CORRECT,  
 25 DEC. 1916  
 CAN. RECORDS, 10

Date

From whom received

Embarked Canada.

Halifax

21/8/16.

Bo. of "Olympic"

Arrived England.

Liverpool

30/8/16.

Proceeded overseas for service with 10<sup>th</sup> Bn.

Witley

28/11/16

Pl II O. B. # 294 of 28/11/16

H.S.C. Y. D.  
 B.H. 15-1A  
 Vol. 2.  
 Pl. 137<sup>th</sup>  
 Bn.

*W. J. Taylor*  
 Capt. & Adjutant  
 137th BATTALION C.E.F.

29/11/16

C. B. D.

ARRIVED C. B. D.

FRANCE

29/11/16

N. R. D. \_\_\_\_\_  
 PART II ORDERS  
 No. 70 D. 7/12/16

30/11/16

C. B. D.

LEFT C. B. D. FOR

10<sup>th</sup> Bn

30/11/16

N. R. D. \_\_\_\_\_

9/12/16

O. C. 112. BN

ARRIVED 10<sup>th</sup> BN.

FIELD

4/12/16

B. 213 D. \_\_\_\_\_

9.12.16

No 3 C. F. A.

Influenza. Adm

No 3 C. F. A.

3.12.16.

A36

16.12.16

do

do

Duty

14.12.16

also 8 19 20 21 25

16.12.16

6 B. 10<sup>th</sup> Bn

Returned to duty

Field

15.12.16

B213

(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.

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				
1-5-17.	10th Bn.	Killed in Action.	Field.	<del>1-5-17</del> 28-4-17	K.I.16/4538. Pt.11.0.53 d/6-5-17.
					Lieut, for Major.A.A.G. Canadian Section.

*Chas. B. Kapwell*

# FORM OF WILL

I, William James Bullevant (Name in full)

Regimental Number 808974 serving in 137th Bn Can. Inf.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

.....	} Name and Address of person or persons to whom it is to go.
.....	
.....	

absolutely, and my personal estate I bequeath to

..... <u>Mrs. James Bullevant (Aunt)</u> .....	} Name and Address of person or persons to receive personal estate* (See note).
..... <u>Okotoks</u> .....	
..... <u>Alta Canada</u> .....	

### NOTE

This space for the appointment of Executor if necessary.

### IMPORTANT NOTE

this 25 day of November A.D. 1916

This must be signed and Dated by THE SOLDIER HIMSELF.

W. J. Bullevant Signature of Soldier.

\*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness W. W. Wilson Captain

Address of Witness 137th Battn. Can Inf.

THE TWO WITNESSES

Occupation of Witness Officer O.H.M.S.

MUST SIGN HERE

Signature of Second Witness I. Livingston C.O.M. Sergt.

Address of Witness 137th Battn. Can. Inf.

Occupation of Witness Soldier.

M. F. W. 82.  
300M.-12-16.  
1772-39-983.

WPM/UG

Certified a true copy.

Cherley Lieut.  
for Officer i/c Estates.





ORIGINAL

137th O. BN., C. E. F.

Original

MEDICAL HISTORY SHEET.

808974

Surname Bullivant

Christian Name William James

Examined { on 4<sup>th</sup> day of March 1916  
at \_\_\_\_\_

Approved by R. E. Brewell MB

Birthplace { City or Town Georgetown  
County Ontario Canada

Rank \_\_\_\_\_ M.O.

Apparent age 30

Trade or occupation Engineer

Height 5 Feet 4 1/2 Inches

Weight 140 Lbs.

Chest measurement { Minimum 33 inches

{ Maximum expansion 36 1/2 inches

Physical development \_\_\_\_\_

Small-Pox Marks None

Vaccination Marks { Arm \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_  
Number 1

When Vaccinated last In childhood

(a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_

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

a Rupture

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

Date	Result	VACCINATIONS.
<u>18/4/16</u>		<u>S. P. Stuebel</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18/4/16</u>		<u>S. P. Stuebel</u> M.O.
<u>1/6/16</u>		<u>S. P. Stuebel</u> M.O.
<u>26/9/16</u>	<u>SAPS</u>	<u>S. P. Stuebel</u> M.O.

Enlisted on 4<sup>th</sup> day of March 1916 at Okotoks Alberta

	CORPS.	REG'T L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>137TH O. BN. C.E.F.</u>	<u>808974</u>		<u>MAR 13<sup>th</sup> 1916</u>
Transferred to.. ..	<u>10th Bn</u>			

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.



record

13459 ✓ ✓

FORM OF WILL.

74205

I, William James Bullivant (Name in full)  
Regimental Number 808974 serving in 137<sup>th</sup> Bn Can Inf  
of the Canadian Expeditionary Force, do hereby revoke all former Wills  
by me made and declare this to be my last Will.

I bequeath all my real estate unto

..... } Name & Address  
..... } of person or  
..... } persons to whom  
..... } it is to go.

absolutely, and my personal estate I bequeath to

Mrs James Bullivant (aunt) } Name & Address  
Okotoks } of person or  
Alta Canada } persons to receive  
 } personal estate\*  
 } (see note).

In Witness whereof I have hereunto set my hand  
this 25 day of November A.D. 1916.

W. J. Bullivant Signature.

\* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in  
the presence of us both present at the same time, who in his presence, at  
his request, and in the presence of each other have hereunto subscribed  
our names as Witnesses.

Name of Witness W. W. Wilson. captain

Address of Witness 137<sup>th</sup> Bn Can Inf

Occupation of Witness Officer C. A. M. S.

Name of Witness L. Livingston. C. 2. M. Sgt.

Address of Witness 137<sup>th</sup> Bn Can Inf

Occupation of Witness Soldier

ESTATES DEPARTMENT  
AUG 5 1916  
MILITARY DEPT

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..... *137<sup>th</sup> O. Bn. C. E. F.*

.....

(2) Regimental Number..... *208974.*

(3) Full Name of Soldier..... *William James Bullivant*

.....

(4) Place of Birth..... *Arthur, Ontario, Canada.*

.....

(5) Are you married, or not?..... *No.*

(6) If married, state,

(a) Full name of your wife..... *✓*

.....

(b) Present Postal Address..... *✓*

.....

(7) Are you a widower?..... *No.*

(8) Have you any children?..... *✓*

If so, give number of boys and girls..... *✓*

Also their names and ages..... *✓*

.....

.....

.....

.....

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

If so, state name and address *✓*

(10) Is your Mother alive? *No.*

If so, state name and address *✓*

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

Are you her sole support, or not? *✓*

(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.

*Isaac Bullivant (Uncle),  
Medicine Hat  
Alberta Canada.*

(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.

*Guthrie Moffitt* Lt. Col.  
137th O. BN., C. E. F.  
Officer Commanding.

Date *July 24-1916*

A.C. Rank Name BULLIVANT, William James. Reg'l No. 808974

Unit 137th. Bn. If in perm. Corps, } Married or Single Single.  
What Unit? }

Place and Date of Enlistment Okotoks, Alberta. Mar. 4th. 1916. Place of Birth Georgetown,  
Ontario, Canada.

Name and Address, Next-of-Kin Isaac Bullivant,  
Medicine Hat, Alberta, Canada. Relationship Uncle.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

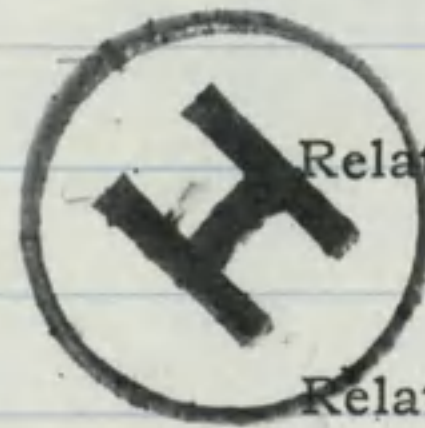
Payable to

Relationship

Relationship

N/E. R.B. No 2706  
File R.L. 25-63661  
Category K.A.

m +  
21-11-22



Discharge, Date and Place

Reason

Character

H. W. & V., Ltd. - 7165-16.

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.				
		Arrived in England H.M.T. 2810		30-8-16	
16-9-16.	137 <sup>th</sup> Bn.	Admitted Isolation Hospital	Witley Camp	16-9-16	Pt. DO. No 221- Scabies
19-9-16	do.	Above entry cancelled.	" "	16-9-16	Pt. DO. No 224. W2H.
28-11-16	do.	S.O.P on trans: to 10 <sup>th</sup> Bn.	" "	28-11-16	" " 294.
7-12-16	10 <sup>th</sup> Bn	Taken on Strength	France.	29-11-16	Pt II 0.70
13-1-16	" "	No 3 Can Field Ambulance.		3-12-16	Pt 543. Influenza.
13-1-16	" "	To. Duty	—	14-12-16	Pt 543.
10-5-17	-	Killed in Action	Field	28-4-17	CL 640 9 Pt. II. O. 53.

A.F.B. 103 CHECKED  
2 DEC. 1916



~~1-8-16~~  
**MILITIA AND DEFENCE**  
**ASSIGNED PAY**  
**OVERSEAS CONTINGENTS**

*Em*

To Whom *Mrs J. B. Bullivant* By Whom Assigned *Bullivant Wm Jas*  
 Address *Okotoks* Regtl. No. *808974*  
*Alta* Rank *Pte*  
 Corps *137th Bn*  
 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				

Pensions Notified Date... *8-6-17*  
 Killed in Action }  
 Died of Wounds } Date... *28/4/17*  
 Missing }  
 U. L. *9* } *11/5/17* Clerk... *EMKocher*  
 Date Noted ..... *8-6-17* 191



10  
11  
12  
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18  
19  
20

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.-6-16.  
 1772-39-819.

Sheet No. 2.

*Mr J. B Bullivant*

Name of Soldier

*Bullivant Wm Jas  
 808944 Pte  
 137th Bn*

L. L. Job 4503. - Req. 6832.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15.00</i>
April	1916			
May				
June				
July				
Aug.		<i>Y 16069</i>	<i>15</i>	
Sept.		<i>Q 19800</i>	<i>15</i>	
Oct.		<i>R 22541</i>	<i>15</i>	
Nov.		<i>P 25248</i>	<i>15</i>	
Dec.		<i>E 32933</i>	<i>15</i>	
Jan.	1917	<i>Q 35608</i>	<i>15</i>	
Feb.		<i>Q 41950</i>	<i>15</i>	<i>15 (W)</i>
March		<i>Y 44571</i>	<i>15</i>	<i>15 (W)</i>
April		<i>R 303</i>	<i>15</i>	<i>15 (W)</i>
May		<i>P 6635</i>	<i>13</i>	
June		<i>Y 13567</i>	<i>15</i>	<i>15 (W) Y 13567 cancelled</i>
July				<i>A/c closed 31/5/17</i>
Aug.				<i>Capt Doshier</i>
Sept.				<i>86-17</i>
Oct.				
Nov.				<i>450<sup>00</sup> E. FX AD 21/11/17</i>
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*absent*

*absent*

*15 (W) 15000 E. FX to 31/5/17*  
*15 (W) Y 13567 cancelled*  
*A/c closed 31/5/17*  
*Capt Doshier*  
*86-17*  
*450<sup>00</sup> E. FX AD 21/11/17*

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.				

SURNAME.

*Bullivant*

*649-B-15592*

CARD NO.

*D*

CHRISTIAN NAMES

*William James*

FOLL.

REGL. NO.

*808974*

RANK

*Pte.*

UNIT

*137th*

*Bm.*

FORMER CORPS

*Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Bullivant, Isaac*

RELATIONSHIP TO SOLDIER

*Uncle*

ADDRESS

*Medicine Hat, Alta.*

COUNTRY OF BIRTH

*Canada, Georgetown, Ont.*

DATE

*Sept. 21st, 1886*

PLACE OF ATTESTATION

*Okatoks, Alta.*

DATE

*Mar. 4th, 1916.*

*9/22-8-16 523  
4*

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Engineer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

30

YEARS

MONTHS

HEIGHT

5

FEET

4 1/2

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Dark

EYES

Dark

HAIR

Dark.

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Okotoks, Alta.

DATE

Mar. 4th, 1916.

Present Address: High River, Alta.

No. 808974

RANK *Plt.*

NAME *Bullivant W. J.*

T. O. S. *4-3-16*

UNIT *137th Battalion*

*D.O. 64 of 14-3-16*

M. D. *13*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Mar. 14</i>	<i>1916</i> <i>Mar. 31</i>	<i>✓</i>	<i>at High River.</i>	<i>Apr. pay list</i>
<i>Apr.</i>		<i>u.</i>		
<i>May.</i>		<i>✓</i>		
<i>June.</i>		<i>✓</i>		
<i>July.</i>		<i>✓</i>		
<i>Aug.</i>		<i>u.</i>		

**UNIT SAILED  
AUG 22 1916**



William James

Name BULLIVANT Rank Pte.

Reg. No. 808974

Unit 10th. Battalion Canadians

Next of Kin Canada

25-15-3661

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
3-12-16	No.3 Can.Field Amb.		Influenza	A543.		
14-12-16	No Discharged to.Duty		do	A543.		
28-4-17	KILLED IN ACTION			A640		M4103





✓ ✓ *William James* ✓  
BULLIVANT, Pte. W. J. 808974 *10<sup>th</sup> Bn. Term 134<sup>th</sup> Bn.*

M. & S. Aunt *(M)* Mrs. J. B. Bullivant,  
Okotoks, Alta.

P. & S.

Memorial S (Unable to determine next of kin)

*Not Eligible for 14-15 Star,  
Eligible for 2<sup>nd</sup> M & B, 4<sup>th</sup> M.*

*MS  
69813*



REGT'L NO 808974

NAME *Bullivant, William James*

H. Q. FILE NO. 649-

RANK AND CORPS *Pte. 10<sup>th</sup> Bn. (Form 137th Bn)*

FOLLOWS  
NO.

CABLE

No.

DATE

*Co.*

NATURE OF CASUALTY

FOLLOWS

*M4103 10-5-17*

*Killed in action April 28/17*

*A/B 2090a*

*Killed in action 28-4-17.*

*Rowen 8-5-17*

*Rec'd 10-7-17.*

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 543.	No 34 an. Hd. Amb.	3-12-16	Influenza
A 543.	To Duty.	14-12-16	"
A. 640-1	Rept. from Base	28-4-17	Killed in action!

Number

808974

Rank

Pvt B

Surname

BULLIVANT

Christian name

William James

Units

10th Bn Can Coy

Theatre of War

France

Date of Service

28-11-16-

Remarks

Latest Address

Aunt Mrs J.B. Bullivant  
Okotoks

Alta

K-A

Roll No.

200m.-6-21

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

M.D. No.....

NUMBER	RANK	SURNAME	INITIALS
.....	.....	.....	.....

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

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

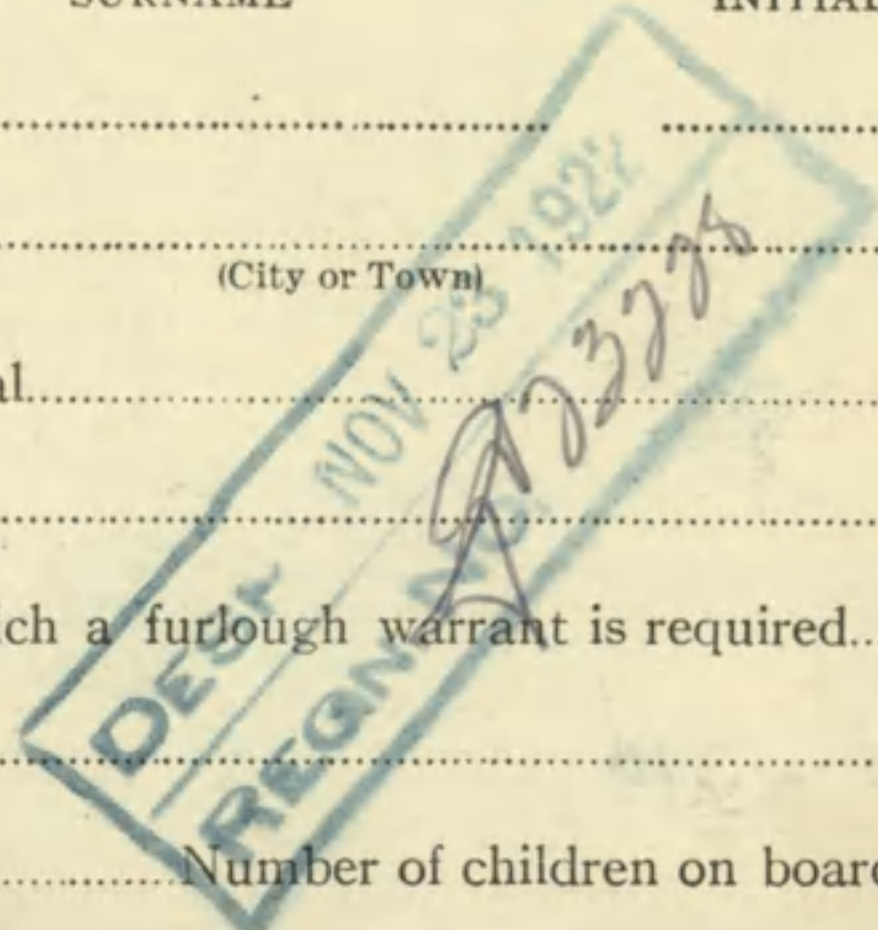
Address.....

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

..... Railway.....

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

Their destination.....



Surname *Bullivant* Christian Name or Names *W. J.* Reg. No. *808974*  
 Rank *Pte.* Unit *10th Battalion.* Co. Troop Batty  
 Hospital *3 Can. Fld. Amb.* Date of Admission *3-12-16.*

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

*Influenza.*

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

*R. F. B. Killed in action 28.4.17*

DISPOSITION

*Duty 4-12-16.* Date

*Ch. 13-1-17A 543(1)*

REMARKS

*- 10.5.17. 2/640.*

*R. J. B.*



# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.



