

REGIMENTAL DOCUMENTS

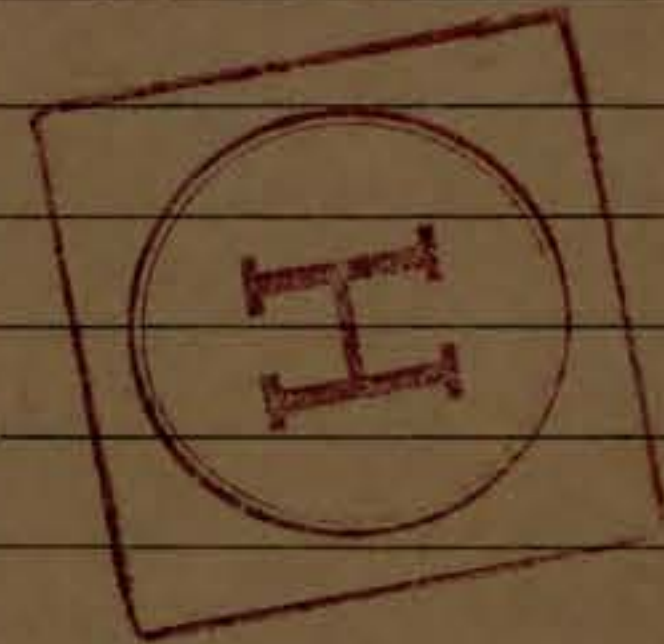
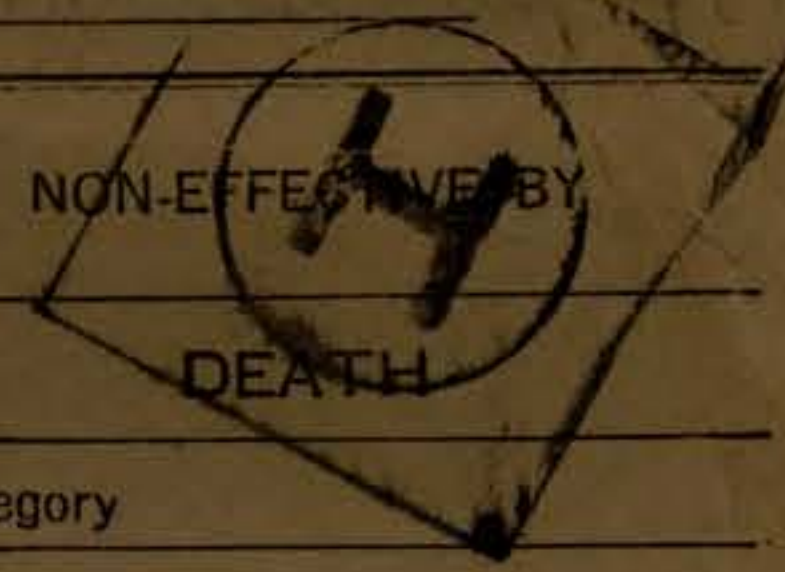
NAME *BULLER WILLIAM*

Spr REGT. NO. *48721*

UNIT *Coast*

H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>Medical Dept</i>	<i>9-12-19</i>	49920	Category
3 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		<i>KCP 75-2-20</i>			
TRAINING HISTORY SHEET (M.F.W. 113)		<i>R 14-2-20</i>			
7 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
4 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demobilization</i>
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
LAST PAY CERTIFICATE (M.F.W. 44)					DESERTION
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					<i>43-5</i>
PARTICULARS OF CHARACTER (A.F.W. 3226)					<i>2-8</i>
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					<i>11-8</i>
<i>✓ 1 Disp. Cert.</i>					
<i>4 misc</i>					
<i>1 encl 5-20-9</i>					
<i>1 card not</i>					
<i>1 card</i>					
<i>3 AF 9/237</i>					
<i>3 misc</i>					
<i>1 card</i>					
<i>20X</i>					
<i>9-2-21</i>					



43-5
2-8
11-8

1501/100



CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS).

- 1. What is your name?..... *William Butler*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Barbury Oxon England*
- 3. What is the name of your next-of-kin?..... *George Father*
- 4. What is the address of your next-of-kin?..... *32 North Row Barbury*
- 5. What is the date of your birth?..... *20th Feb. 1878*
- 6. What is your Trade or Calling?..... *Labourer*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated?..... *Yes (2nd June 9. 11. 14.)*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?.. *Gold Stm Gds 8 years*
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*

Wm Butler.....(Signature of Man).
J. G. G. G......(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Butler*, 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.

Wm Butler.....(Signature of Recruit)

Date..... *24. 10*..... 1914. *J. J. W. Garry*.....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Butler*, 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.

William Butler.....(Signature of Recruit)

Date..... *3rd Nov*..... 1914. *Geo E Drummond*.....(Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Montreal* this *3* day of *Nov* 1914.

Geo E Drummond.....(Signature of Justice)

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

W. J. Neill.....(Approving Officer)
A. D. V. S.

Description of William Buller on Enlistment.

Apparent Age 36 years 8 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. 8 ins.
 Chest measurement { Girth when fully expanded 35 1/2 ins.
 Range of expansion 2 3/4 ins.
 Complexion Sallow
 Eyes Brown
 Hair Brown
 Religious denominations { Church of England
 Presbyterian
 Wesleyan
 Baptist or Congregationalist
 Other Protestants (Denomination to be stated.)
 Roman Catholic
 Jewish

Scar. 3 left arm
Tattoo Rt. Arm. Hands
Crossed America & Union Jack
Mark with a snake.
Scar Rt. side of Neck
3rd finger of left hand lobe

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 24/10 1914.

Place Montreal

H. G. Dalpe
Leut. R.M.C. 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.

W. Buller 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. J. Neill Lt. Col. (Signature of Officer)
A. D. V. S.

Date 20/12 1914.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 48721 (Rank) Sapper
Name (in full) Buller, William enlisted in
the Canadian Army Veterinary Corps
CANADIAN EXPEDITIONARY FORCE at Montreal on the 3rd
day of November 1914
HE served in France
and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age <u>41 years</u>	Marks or Scars
Height <u>5 ft., 8 ins.</u>	<u>Scar, right side of neck; left</u>
Complexion <u>Sallow</u>	<u>3rd finger lost.</u>
Eyes <u>Brown</u>	
Hair <u>Brown</u>	


W Buller
Signature of Soldier

[Signature]
Issuing Officer

Date of Discharge

April 11 1919
Date

Lieutenant
Officer in Charge, Discharge Section, Dispersal Station "F"
Rank



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.

Rank _____ Name Buller William Reg'l No. 48721
 Unit C.A.V.C. No 2 Sec If in perm. Corps, }
 What Unit? }
 Married or Single Single
 Place and Date of Enlistment 24th Oct 1914 Place of Birth England
 Name and Address, Next-of-Kin George Buller 32 North Bar, Banbury Eng.
 Relationship Father

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.B. No 10921
 File R.L. _____
 Category OR 6au

Discharge, Date and Place _____ Reason Permanant Grade Private Character Acting Rank

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.				
					<u>OC.</u>
	<u>151-CUH.</u>				
<u>6-3-19</u>	<u>Gen Det.</u>	<u>TOS from CAVC</u>	<u>Witley</u>	<u>21-2-19</u>	<u>P.O. 54</u> <u>at CUH. P.O. 28.</u> <u>24.3.19.</u>
		<u>Gen Com to 4th Res.</u>			
		<u>SL 35- 4-19 at 29.3.19.</u>			
<u>26-3-19</u>	<u>M 4</u>	<u>Job from 4 Res (leave)</u>	<u>Sp. Phyl</u>	<u>25-3-19 - 74</u>	<u>also 25-3-19 24</u>
<u>4-4-19</u>	<u>4 MDC.W.</u>	<u>S.O.S. to Canada.</u>	<u>W. Park</u>	<u>30-3-19</u>	<u>P.O. 84</u> <u>+ Gen Dep. S.O.S.</u> <u>P.O. 154 2/15-7-19</u>

Handwritten notes on left margin:
 24
 24

Handwritten note:
 ynd

Handwritten note:
 ynd

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

36

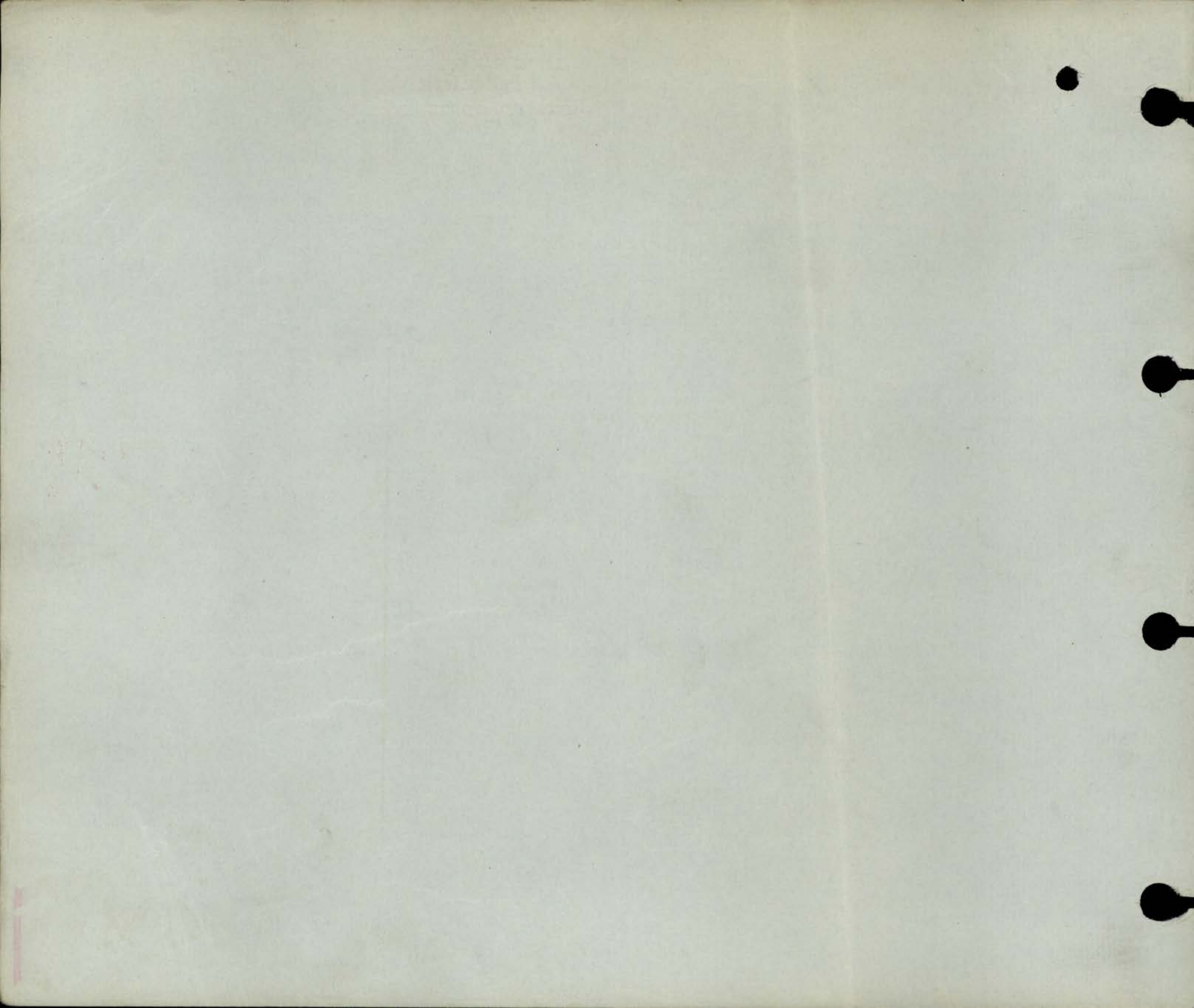
EM

To Whom *George Buller.*
Address *32 North Bar*
Banbury, Oxon,
England.
Rate *\$ 8.100* From *Jan 1st /15.*

By Whom Assigned *Buller. W.*
Regtl. No. *48721*
Rank *Plt*
Corps *C. A. V. Corps. No. 2.*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p><i>Duplicate sheet sent to England.</i></p> <p>ENGLISH</p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apr.				
May		<i>A/c Closed</i>		
June		<i>Ret'd per Saturnia</i>		
July		<i>Date 10-4-19 F.X. 16-4-19</i>		
Aug.		<i>M. H. Clerk E. Bradley</i>		
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



9. 3613

MILITIA AND DEFENCE

ll ASSIGNED PAY.

To whom *George Butler,*
Address *32 North Bar,*
Banbury
Oxon.

By whom assigned *Butler W.*
Regtl. No. *46721*
Rank *Tpr*
Corps, &c. *No 2 Sect CADC*

Rate ~~8007~~ *\$15⁰⁰ June 1st /16*
Date to Commence ~~1 Jan 15~~

22/5/16 F.R. PAYMENTS.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915	<i>6329</i>	<i>8</i>	<i>+</i>
Feb.		<i>9186</i>	<i>8</i>	
March		<i>12519</i>	<i>8</i>	
Apl.		<i>x 16477</i>	<i>8</i>	
May		<i>x 2033</i>	<i>8</i>	
June		<i>x 9588</i>	<i>8</i>	
July		<i>x 17717</i>	<i>8</i>	
Aug.		<i>27340</i>	<i>8</i>	
Sept.		<i>39468</i>	<i>8</i>	
Oct.		<i>55639</i>	<i>8</i>	
Nov.		<i>x 70542</i>	<i>8</i>	
Dec.		<i>x 6094</i>	<i>8</i>	
Jan.	1916			
Feb.				
March				

96 ⁰⁰ Carried Forward

ASSIGNED PAY.

By whom assigned

Buller W.

Regtl. No.

48721.

Ips.

C.A.V.C. No. 2 Section

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
			96		
Jan.	1916	<i>106718</i>	<i>8</i>		
Feb.		<i>124276</i>	<i>8</i>		
March	<i>120</i>	<i>146307</i>	<i>8</i>		
Apl.		<i>2805</i>	<i>8</i>		
May.		<i>28812</i>	<i>8</i>		
June		<i>83008</i>	<i>22</i>		<i>to July May</i>
July		<i>88627</i>	<i>15</i>		
Aug.		<i>121635</i>	<i>15</i>	X	
Sept.		<i>155635</i>	<i>15</i>	X	
Oct.		<i>191148</i>	<i>15</i>	X	
Nov.	<i>4233</i>	<i>228148</i>	<i>15</i>	X	
Dec.		<i>268660</i>	<i>15</i>		
Jan.	1917	<i>310173</i>	<i>15</i>		
Feb.		<i>349934</i>	<i>15</i>		
March		<i>393685</i>	<i>15</i>		
Apl.			<i>293</i>		<i>a.r. Checked & found correct.</i>
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					



NAME BULLER, William

Regimental No. 48721

Name and address of next-of-kin

Unit C.A.V.C. No. 2 Secn

George Buller (Father)

Date of enlistment 24th October, 1914

32, North Bar, Banbury

Place of birth England

England

Married (yes or no) No.

Date and place discharged

Amount of pay assigned monthly \$8.

1.1.15

Reason for discharge

To whom payable George Buller

same address

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
8.11.14	30.11.14	23	1 ⁰⁰	23 00	23	10 ⁰	2 30		25 30			25 25			25 25		
1.12.14	31.12.14	31	.	31 .	31	.	3 10	5	34 15			32 50	✓ 1 64	34 14	54 cents less of		
1.1.15	31.1.15	31	.	31 .	31	.	3 10	1	34 11			22 50	8 .. 2 ..	32 50	Forfeit 2 days pay 30 th & error £50 corrected in June of		
1.2.15	28.2.15	28	.	28 .	28	.	2 80	2 11	32 91			22 50	8 .	30 50	50		
1.3.15	31.3.15	31	.	31 .	31	.	3 10	2 44	36 51			27 50	8 .	33 50			
1.4.15	30.4.15	30	.	30 .	30	.	3 .	1 07	34 01			25 ..	8 .	33 ..			
1.5.15	31.5.15	31	.	31 .	31	.	3 10	1 01	35 11			12 50	8 .	20 50			
1.6.15	14 6 15	14	.	14 .	14	.	1 40	14 6 15	23 50			25	8 .	33 50	Excess in Feb of 19 th month		
16.6.15	30 6 15	13	.	13 .	13	.	1 30		14 30			2		2 19	19		
1.7.15	31.7.15	31	.	31 .	31	.	3 10	12 11	46 21			10 .	8	18	Dr. bal.		
								28 21		Total	204 75						
								5 45	✓ 1 ✓								Adjustment of Exchange.
Aug 1 Aug 31	31	1 ⁰⁰	31 .	31 .	31	10	3 10	28 21	62 31			2 74			2 74		
Sept 1 Sept 30	30	1 ⁰⁰	30 .	30 .	30	10	3	5 45	98 02			31 22	8 .		47 22		
Oct 1 Oct 31	31	1 ⁰⁰	31 .	31 .	31	10	3 10	50 80	84 90			8 75	8	17 25	Charged in error - adj Dec 1916. 5/10		
Nov 1 Nov 30	30	1 ⁰⁰	30 .	30 .	30	10	3	67 65	100 65			12 44	8	20 44			
Dec 1 Dec 31	31	1 ⁰⁰	31 .	31 .	31	10	3 10	80 21	114 31			3 53	8	15 40	8 br. Bal. \$15 ⁰⁰ 14da. 3 P. 20/1. 25/2/15		
Jan 1 - 31	31	✓	31 .	31 .	31	✓	3 10	87 38	121 48			8 72	8	16 72			
Feb 1 - 29	29	✓	29 .	29 .	29	✓	2 90	104 76	136 66			1 74	8	9 74	126 92 or Bal		
		479		479			47 90	6 14	533 04			275 89	112	20 23	16 12		
							5 45	537 35				19 04	404	93 17	47		

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount	No.	Date					
Mar 1	Mar 31	31	1.00	31.00	31	.10	3.10	5.45		273 89 112	8.00	10.00	406.12	\$153.02 correct
				5.10			5.10	133.06		273 89 120		20.23	414.12	153.52
								5.45				19.04	412.95	
								5.45						

50¢ Adj. Dec 1916

Boyd

BALANCE TRANSFERRED TO NEW LEDGER.

Checked.....

261.51
 or
 641.51
 26.25
 77.602
 0.00
 753.4

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				
21.4.16	C & A.C.	Rep. fr. Mko. Horton	Folkestone	20.4.16	Pt II 122.
22.4.16	C & A.C.	Struck off strength of C & A.C. on trans to his res unit, No. 2 CVH. fit for full duty.	S'cliffe	20.4.16	Pt II 123.
21-4-16	2nd CVH.	Taken on strength	Shorncliffe	20.4.16	Pt II -110
1-5-16	"	Forfeits 3 days pay and allowance by R.W. & fined 7 days pay for over laying pass from 5.30 a.m. 28-4-16 until 8 p.m. 29-4-16 absent 2 days.	"	1-4-16	Pt II No 120.
25.5.16	2 CVH.	To be a/capt.	S'cliffe	23 ⁵ / ₁₆	Pt II -144.
7.8.16	DO	To be a/capt.	"	2.8.16	" 223.
6.9.16	DO	For absence off 8.45 AM. Parade	"	5.9.16	" 253.
19.1.17	QAVC	Reduced to Permanent rank via 1 pr.	Shorncliffe	9.1.17	C.L. 81.
5.2.17	"	Dischg. from Capt from	"	31.1.17	C.L. 86.
6.2.17	2 CVH.	Taken on strength of CCAC	S'cliffe	2.2.17	Pt II -37. Unit CCAC Pt II -56.
12.2.17	C. G. G.	Rest of year.	Shorncliffe	31.1.17	Pt II 054
2.2.17	--	Reptd as More Bros	"	31.1.17	-- 56
7.2.17	--	SOS fit to Res Unit	"	5.2.17	-- 64
8.11.17	2 CVH	SOS to CVH	S'cliffe	8.11.17	-- 310
					CVH. Field 137 of 12.11.17

A.F.D. CHECKED
 NOV 11 1917

Row # 12548

Rank and Name BULLER, William
 Regimental No. 48721
 Unit C.A.V.C. No. 2 Sec.
 Date of enlistment 24th Oct. 1914.
 Place of birth England.
 Married (Yes or No) No.
 If in Permanent Force

Name and Address of Next-of-kin
 George Buller - Father
 32 North Bar, Banbury, Eng.

Date and place of discharge

Reason for discharge

Character on discharge

Promotions or appointments



mx 9/2/15

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				
17 ⁶ / ₁₅	OC 2 Sect	Proceeded to France to join No 1 Sect. base.		17 ⁶ / ₁₅	Nom. Roll. Part. 200 No 8.
10.8.15	WO	No 2 Genl Hoapl	Have	4 8/15	Ca ^s 15 (IASC) Contus. Fore arm
28.8.15	No	Dischgt to Conv. Hoapl.		23 8/15	Ca ^s 29 tract. Ulna R
27/9/15	B. G. H. Ca ^s 54 C. A. T. C.	With unit Returned to duty	Rouen France	31/7/15 11/9/15	Nom Roll.
20 " 15	of 1 CV Hp	28 days pay. 14 days CB - Abs: w/ drunk - breaking guard room	"	9 " 15	Ph O ^s 36
18 12/15	Do	14 days HP hol. Drunk on of Parade	"	6 12/15	" " 40
3.2.15	W.O.	Adm: 2 Genl Hoapl	Have	28 '16	C.L. 94 Inf. Stomach
24.2.16	C.A. 109. C.A.V.C.	Discharged to Convalescent Dept	"	16.2.16	C.L.A. 109. Impfeure
17.3.16	C.A.V.C	Adm Royal Victoria HP	Netley	11.3.16	C.L.B. 17. Suck "Debiliry."
21.3.16	1 st CV. H.	Inol. & Trans. to C.C.A.C.	Folkestone.	12.3.16	Rep. O.G. H.S. St. George. A.W. 3083. ^{15/3/16.}
15/4/16	of C.C.A.C	Rept. to C.C.A.C. Ex Netley	so	15/4/16	Ph II. O. 112.
16/4/16	of C.C.A.C	Admitted to Sea Coast Inf	Wks Horton	15/4/16	Ph II. O. 113.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
23882	48721	Spr	Buller	William
Year	Unit.		Age.	Service.
1917	C.A.V.C. C.C.A.C.		42	28 1/2
Station and Date.	Disease <i>Inflammation of connective tissue Rt. groin does not know any cause, Issues red & swollen - old scars.</i>			
Jan 9 th 1917	<i>opened & evacuated large abscess in right groin</i> <i>C. J. Fisher Capt C.A.M.C.</i>			
24-1-17.	<i>wound drained. now healed up completely</i> <i>Some inflammatory thickening in neighbour</i> <i>ing tissues discharged to C.C.A.C.</i> <i>C. J. Temple Capt.</i>			
CANADIAN CASUALTY ASSEMBLY CENTRE, <i>Hastings 31-1-17</i>				

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

Station
and Date.

R

Moore Barracks Canadian Hospital
Shorncliffe 27.1.17

From:-
Officer i/c Surgical Division.

To:-
Officer i/c Hospital.

Spr. Buller Wm.
48721 C.A.V.C.

The marginally noted man was admitted to this hospital 8.1.17 with a diagnosis of Inflammation of Connective Tissue Rt. Groin.

Abscess in Rt. groin was opened and evacuated. Wound has healed up completely. There is some inflammatory thickening in neighbouring tissues.

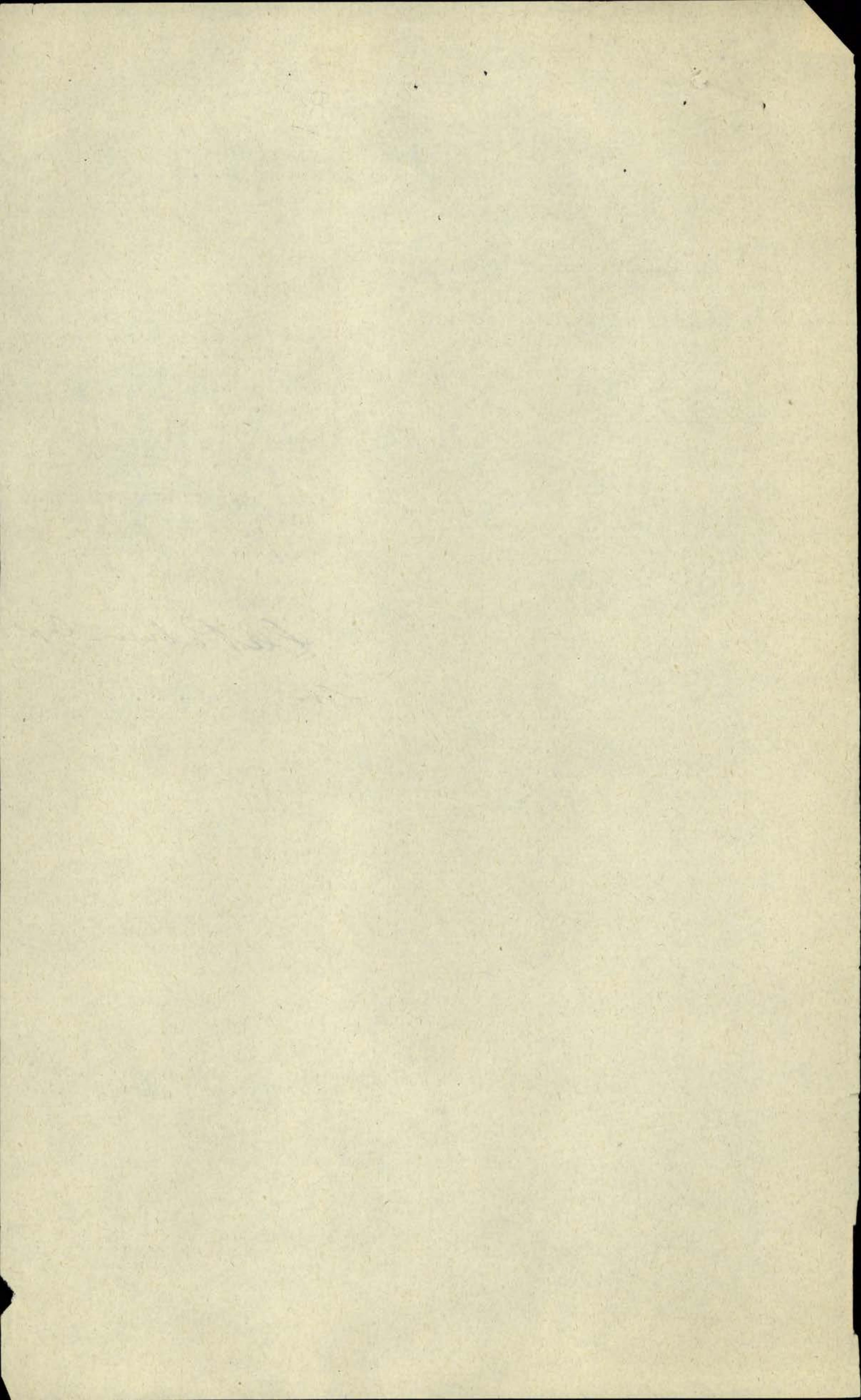
He is discharged to the C.C.A.C. as fit for duty.

L. Palmer Capt

for MAJOR C.A.M.C.
Officer i/c Surgical Division

To:-
C.C.C.C.A.C.
Hastings.
For your information, please.

COLONEL C.A.M.C.
Officer i/c Hospital.



CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

MOORE BARRACKS,

Military Hospital

~~CANADIAN HOSPITAL~~

SHORNCLIFFE

Corps C.A.V.C.

No. 48721

Rank and Name Spr Buller Wren

Age 42

Service 28/12

Disease Infl. St-fruin

Date of admission 8-1-17

Date of discharge _____

Result _____

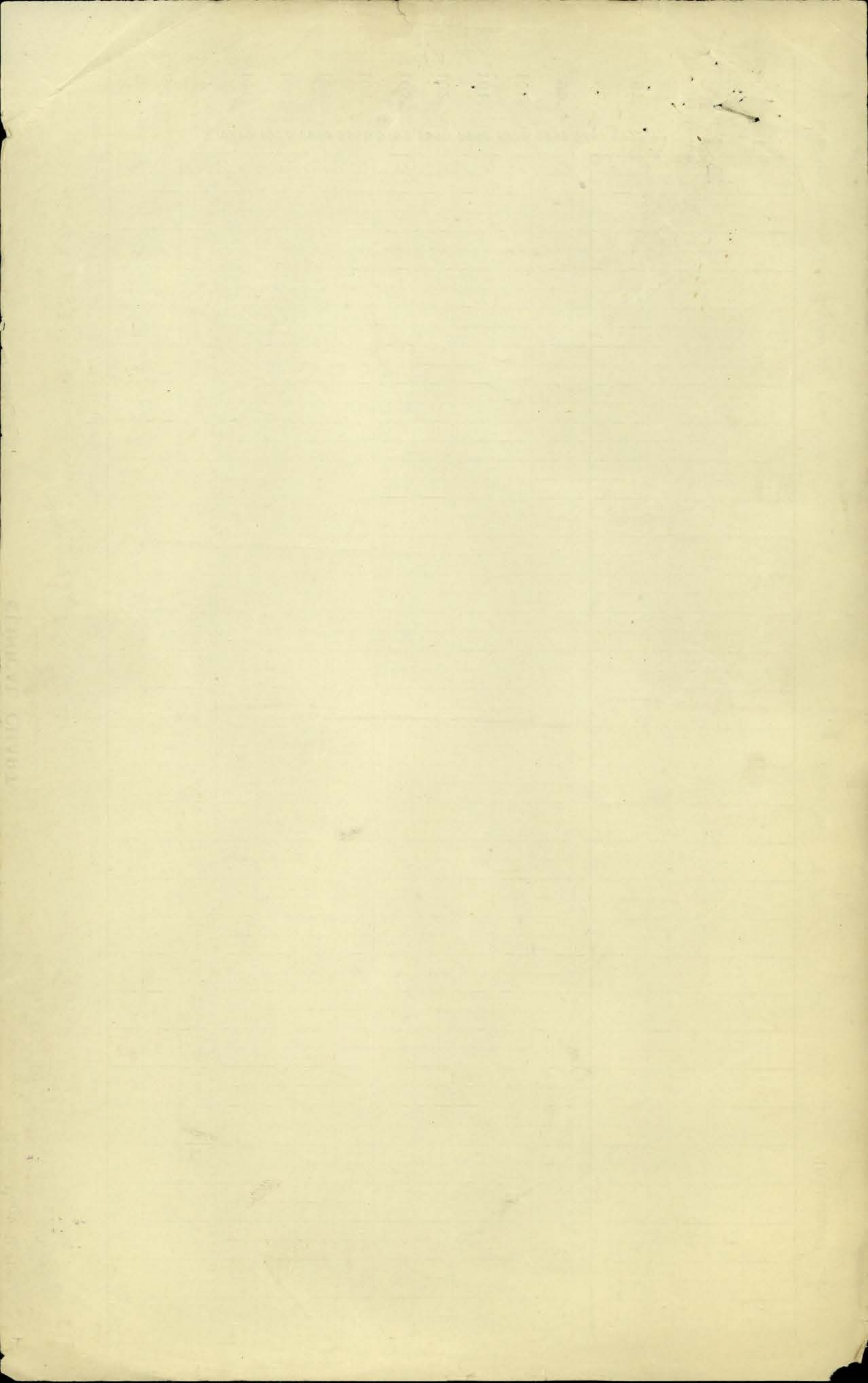
Dates of Observation	Days of Disease																												
	10		11		12		13		14		15		16		17		18		19		20								
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.
107°																													
106°																													
105°																													
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103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 hours																													

23882

Operation Thorphio 14 8:15 p.m.

Signature Ca Temple

In charge of case.



MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year.	Unit.		Age.	Service.
	48721	Pte	Bullen,	W.
	#2 CVH.		41	34/12.
Station and Date.	Disease			A ⁱⁱⁱ
Scuffe	Defective vision. Per Westcliffe report.			
9.8.17.				
D'Cliffe 11/8/17	T.M.B. finding	B II		

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

MEDICAL CASE SHEET.*

K. 7

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	48721A	Pl-	Buller	W.
Year	Unit.		Age.	Service. Home Dist 10/12 9/22
	C. C. V. C		40	
Station and Date.	Disease			
	debility			
	Jan 28 : paraded sick Le Havre → Casino Hosp.			
	NO 2 Gun. Le Havre 18 dys. → Convalescent Depot			
	Le Havre 3 wks. → Royal Victoria Netley 5 wks			
	→ C.C.A.C. 18y to date			
	Present condition			
	Satisfied			
	J. W. Eaton Capt Surgeon			



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

Rank Sapper Date of att. November 3rd. 1914

Regimental Number 48721 Date of Discharge April 11th. 1919 *EF*

Unit 4th. Reg.

Name BULLER William,

Address G. P. O. MONTREAL QUE.

B.P.C. District Office Montreal D.D. # 4

Attestation Form:-

Weight on enlistment:

Marks of Identification:

Scar right side of neck; left 3rd. finger lost.

Rank at attestation:

Sapper

Casualty Form:-

Minor defects:

Defective vision due to hypermetropia.
Cause: Unknown. Prior to enlistment.
Chronic Bronchitis due to exposure.
Active service.

Rank when disability was incurred:

Sapper

Misc.:

Specialist's report attached.

Conduct:-

Venercal Disease:

Nil

Conduct:

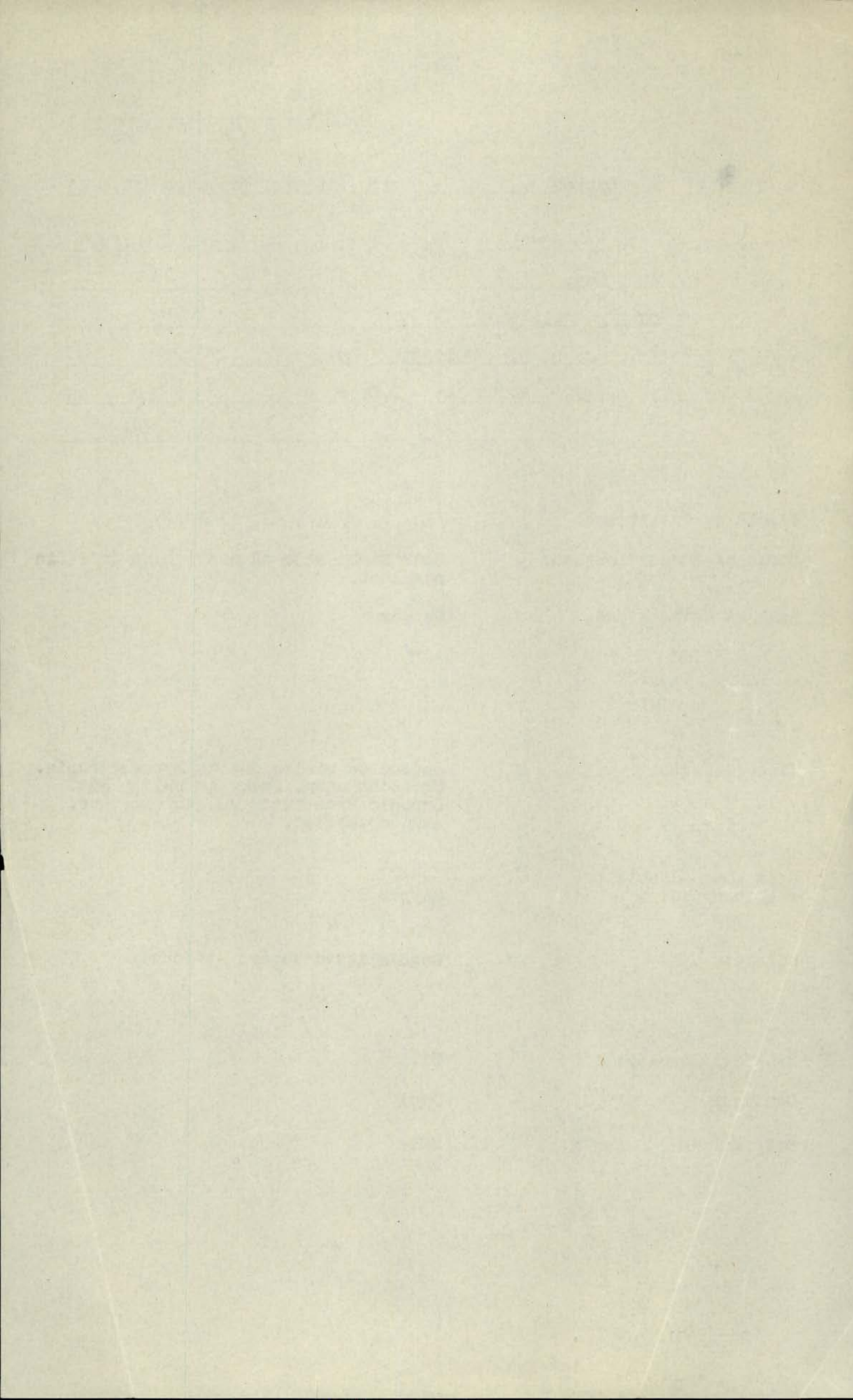
Good

Self inflicted wound:

Nil

B.





EYE, EAR, NOSE & THROAT CLINIC

Witley Camp
Surrey.

Date MAR 14 1919 1919.

Reg. No. 48721 Rank Tpr Name Buller W

Unit C A V C

WITHOUT GLASSES.

WITH GLASSES.
(as per prescription
below).
SPH. CYL. AXIS.

VISUAL ACUITY. Rt. Fingers 6' with

VISUAL ACUITY. Lt. Fingers 2' with

Fingers 6'

Category recommended is:-

SEE EAR FOR B I I

Glasses not ordered.

Remarks:-

Defective vision due to -
Hypermetropia
Witley Camp
Surrey.
Date 1919.

Reg. No. Rank Name

Unit

WITHOUT GLASSES.

WITH GLASSES.
(as per prescription
below).
SPH. CYL. AXIS.

VISUAL ACUITY. Rt. with

VISUAL ACUITY. Lt. with

Category recommended is:-

CONDITION WAS PRESENT, PREVIOUS TO ENLISTMENT AND HAS not

Glasses not ordered.
BEEN CAUSED BY SERVICE.

HAS not BEEN AGGRAVATED BY SERVICE.

Witley Camp
Surrey.
Date 1919.

W. M. Macdonald

Capt. F.A.M.C.
Eye & Ear Specialist
Witley Camp, Surrey

.....BAH CDE M.

.....BAH CDE M.

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.....BAH CDE M.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley Camp DATE Mar 17 1919

1. 1 (a) Unit C.A.V.C. (b) Regimental No. 48721 (c) Rank 1st Lt
 (d) Surname BULLER (e) Christian name William
 (f) Home address 8 Montreal Ave
 (g) Next of Kin Annie Buller (h) Relationship Mother
 (i) Address of Next of Kin 37 North Bar Sandbury Over

2. Age last birthday 44 Date of birth Jul 20 1875

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date Oct 24 1914

4. Personal description:
 (a) Height 5 8 1/2 (b) Weight 140 (c) Complexion medium
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Tattoo marks. At Arm pierced near hip etc. Left leg worn

5. Former trade or occupation "Labourer"

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years <u>3 1/2</u>	Days <u>150</u>
---	-----------------------	--------------------

	PERIODS	
	From	To
Canada	<u>3/11/14</u>	<u>Nov 1914</u>
England	<u>Nov 1914</u>	<u>June 1915</u>
France or other theatres of War	<u>14/6/15</u>	<u>11/2/19</u>

7. Original disease, or injury I Defective vision Both Eyes
II Bronchitis

(a) Date of origin 27th uncertain - before enlistment (b) Place of origin England
 (c) Cause II March 1916 France
II unknown
II Service conditions

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, therapeutic reasons; (d) Any other restrictions in choice of occupation.)

I Defective vision both eyes Hypermetropia
II Bronchitis Cough Expectoration

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

I Defective vision both eyes Objective symptoms Nil.
Subjective Can't see to read even with glasses unless in good light
Eye Report Aug 11th 1917 R.V. 6/60 Glasses 6/9
" " " " L.V. 6/60 " " 6/36 Hypermetropia
General Health Good Recommend B. II Capt How Westcliffe
Eye Report 11.3.19 R.V.A. fingers 6' Glasses 6/9 No eye disease
" " " " Lt. " " 2' " " fingers 6' Hypermetropia
Condition present previous to enlistment not aggravated by service B. II
II Thin says cough expectoration W Macdonald Capt
Rough Bronchial breathing harsh Cough Heart & Lungs negative
Subjective. States has lost 25 lbs since March 1916 Never free of cough since then.
Easily tired on exertion Short of breath Sometimes Sweats at night
No pain in chest.

Ureanalysis 17.3.19 Witley Sp for 1020 React. Acid 0.6 Nil sugar nil Witley Lab

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

Nervous System No Cardio-Vascular System No Genito-Urinary System No
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses No Respiratory System No Integumentary System No
Disturbances of Mentality No Digestive System No Muscular System No
Osseous and Joint Systems No Any other general condition No

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

I Eye sight failing for past 4 yrs
II Cough started March 1916 when in Hospital in France
Suffering from Debility has continued ever since at times
much better at times worse

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 11th August 1917.

No. 48721 Rank Pte Name Buller, W.

Local Unit 2nd C.V.H. Overseas Unit ----- Age 41

Examination held at Ross Barracks.

DISABILITY.
Overseas—Local
(scratch one out).

DEFECTIVE VISION.

PRESENT CONDITION.

Westcliffe Report Aug 7th 1917.

R.V. 6/60 with glasses 6/9
Lv. 6/60 " " 6/36 Hypertropia

General Health good.

B.11.

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Dutyweeks.
4. Fit for Permanent Base Duty.....
5. Discharge

Signatures:—

Bat	}	Members	D.E. Howes Capt. President.
			H.A. Mitchell Lt

APPROVED

13 AUG 1917

Dated.....1917.

D.E. Howes
 _____ CAPT.
 FOR A.D.M.S. CANADIANS, SHORNCLIFFE
 For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

1917

17th August

Dated at

Butler, W.

Name

Rank

Service

Age 41

Overseas Unit

Examination held at

IMPERATIVE VISION

DISABILITY Overseas-Local

PRESENT CONDITION

Wentworth Report Aug 7th 1917.

Hypertonia V. 6/60 with glasses 6/9
" " " " 6/36

General Re 1th Good.

R.II.

BOARD RECOMMENDATIONS

1. Fit for Duty
2. Fit for duty with
3. Fit for Temporary Base Duty
4. Fit for Permanent Base Duty
5. Discharge

Signature

D.M. Jones Capt. President

L.S. Mitchell Lt



PROCEEDINGS OF A MEDICAL BOARD.

Dated at Hastings Feb 1 1916.

No. 8721 Rank Tpr Name Buller W

Local Unit 81 Overseas Unit C.A.V.C. Age 41

Examination held at Hastings
9 months in France

DISABILITY.
Overseas—Local.
(scratch one out)

griping Constitution At ground

PRESENT CONDITION.

Wound healed
lungs normal
Heart normal

BOARD RECOMMENDS:—

A 3 Rev.

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures:—

Members {

W. H. ... President.

Thos ...

APPROVED

Dated at Hastings, Sussex Feb 9 1917 1916.

A. J. M. ...



PROCEEDINGS OF A MEDICAL BOARD

Date at 1916
Name Rank
Local Unit Overseas Unit
Examination held at

DISABILITY
Overseas - Local
(check one or)

PRESENT CONDITION

[Faint handwritten notes, possibly describing a condition or treatment]

BOARD RECOMMENDS -

1. Fit for Duty
2. Fit for duty after weeks physical training
3. Fit for Temporary Base Duty weeks
4. Fit for Permanent Base Duty
5. Discharge

Signature:-

..... President
.....
.....

Members

APPROVED

Date at 1916

37 B & O. 604

20 2 3
8

CAV.C.

EXAMINATION

BY

STANDING MEDICAL BOARD, SHORNCLIFFE.

April 20 1916

No. 48721 Unit CAV.C Rank Pte

Name Buller, William Age 40

Examination held at C.C.A.C. Folkestone

DISABILITY.
Overseas—~~Local~~.
(scratch one out)

Ability

Present Condition.

now Recovered.

APPROVED
CAPTAIN G. M. G. D. C. & O. FOR
GENERAL
SHORNCLIFFE.

Board recommends:—

- 1. Fit for duty. *yes*
- 2. Fit for duty after.....weeks physical training.
- 3. Fit for light duty.....weeks.
- 4. Fit for permanent base duty.
- 5. Discharge.

Signatures:

Members

[Signature] President.

[Signature]

[Signature]

APPROVED

Shorncliffe 20 APR 1916 1916.

[Signature] Captain.

A.D. A.D.M.S.,
Canadian Training Division.

EXAMINATION

STANDING MEDICAL BOARD, SHORCLIFFE

NAME OF APPLICANT

REGISTRATION NO.

DATE OF EXAMINATION

EXAMINATION HALL AT

DISABILITY
OVERSEAS - ()
()

PRESENT CONDITION

BOARD RECOMMENDATION

1. Fit for duty

2. Fit for duty after treatment

3. Fit for light duty

4. Fit for permanent leave

5. Discharge

Handwritten signature

Signature of President

Signature of Secretary

APPROVED

Signature of Captain

FOR A.D.M.S.
General Training Division

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

yes

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or No.)
- (c) Home service (Canada only), (" C) (Yes or No.)
- (d) Temporarily unfit. (" D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

B 11

20. It is certified that the invalid

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

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

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

*Discharged for return to Canada
with telegram A-G-1(9083) 11.11.18*

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

[Signature] President.

PLACE *Witley*

DATE *19.3.49* *[Signature]* Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED *ap. cause*

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

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

PLACE.....
DATE.....
} President.
} Members.

APPROVED BY *[Signature]* Assistant Director of Medical Services. APPROVED BY *[Signature]* Director-General of Medical Services.

DATE..... DATE.....



10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

France Aug 1915 had Ulna fractured - No disability

Nov 1916 Invalidated from France with Deafity

Recovery reported by Medical Board April 20th 1916

S. I. Moore Remarks: Absence of from Recovery to disability

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

11.—(a) Did the disabling condition have its origin before enlistment? No I yes No II No

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

No

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? No

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? No I Permanent No II 3 months

14. Treatment (Case reports, general or special, should be secured and attached where possible.) No

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

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

17. Recommendations

[Signature]
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, W. Puller have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

JRH

45721 Trooper W. Puller Rank.
Signature of invalid examined.

13 - 1 - 0.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLKESTONE

1917.

Aug 7

SPECIAL REPORT ON EYES.

No. *48721*

RANK *Pt*

NAME *Buller, W.*

IN OR OUT PATIENT *S*

UNIT *#2 CVH*

From: OFFICER COMMANDING *of #2 CVH*

TO: *Shorncliffe*
RIGHT VISION - *6/60* *e* *glass 6/9*
LEFT VISION - *6/60* *e* *glass 6/36*

REMARKS:

Hypermetropia

HE IS ~~..... FIT FOR OVERSEAS SERVICE.~~ GLASSES
HAVE ~~..... BEEN ORDERED.~~ CONDITION WAS ~~..... PRESENT~~
PREVIOUS TO ENLISTMENT AND HAS ~~..... NOT~~ BEEN CAUSED BY SERVICE.

RECOMMEND PATIENT FOR CATEGORY *B II*

W. Rae Capt
C.A.M.C.
FOR O.C. WEST CLIFF CANADIAN EYE & EAR HOSPITAL

M.

WEST CLIFF QUINNAN TELEGRAPH
NORTHAMPTON, KENT
1-8 AUG 1917

etc

No 2 Ban. Vet. Ho

337

S'cliffs

WANTED
BY SCOUTS
TELEGRAPH'S

86



CANADA

DEPARTMENT OF
SOLDIERS' CIVIL RE-ESTABLISHMENT

Belmont Hospital

Aug 10 1920

IN YOUR REPLY REFER TO FILE NO.

This is to state I leave all my
possessions money & all I possess.
to my sister Emily Buller at present
residing at Holly Bank Woodstock
Oxfordshire
England.

Signed. William. Buller.

Witness T. A. Wilson

A. B. Hayward.

7

52

Handwritten notes in the top left section, including the word "Lecture" and some illegible text.

Handwritten notes in the middle left section, including the word "Lecture" and some illegible text.

Handwritten notes in the lower middle left section, including the word "Lecture" and some illegible text.

Handwritten notes in the bottom left section, including the word "Lecture" and some illegible text.

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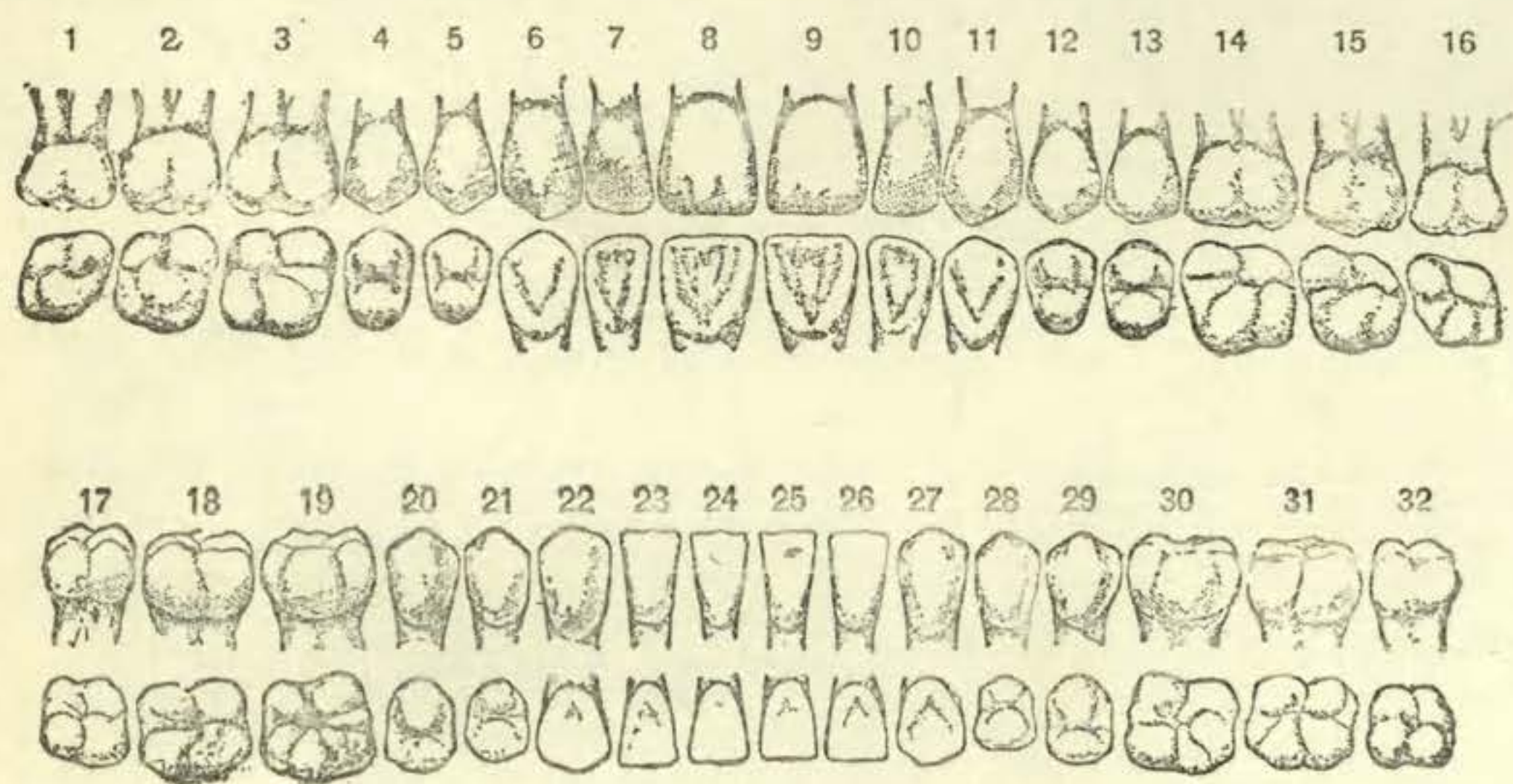
CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BULLER W
 REGIMENT 4 Res Bn RANK Pte No. 48771
 Date of Examination in England 13/8/19 Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 4. 11 28
2. EXTRACTIONS 5. 12. 13. 14. 29.
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower 18. 19. 29 - 31

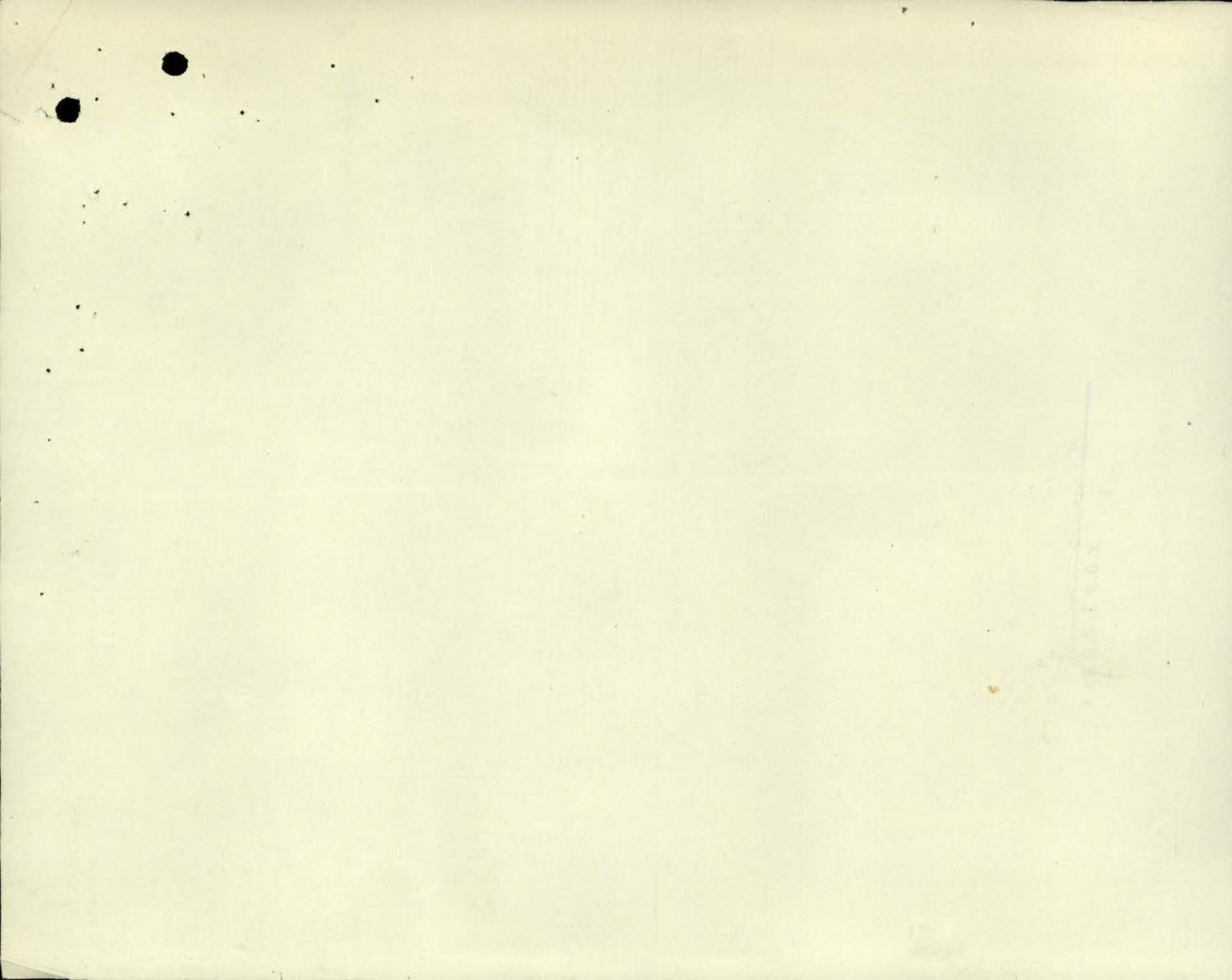
HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

[Signature]
 A. D. D. S. M. D. No. 4

Signature of Dental Officer M. R. James
capit.



Casualty Form—Active Service.

Regiment or Corps No 2 Sectn C.A.V.C.

Regimental No. 48721 Rank Cooper Name Buller, William

Enlisted (a) 21st Oct 14 Terms of Service (a) P of W. Service reckons from (a) 21st Oct. 1914

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) Cook CBM

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				
17/6/15	No 2 S.C.V.C.	Reinforcements	France	17/6/15	
4.8.15	G.C. 2 Gen Hosp	Cont. Inaction	2 Gen Hosp	4.8.15	W3034
23.8.15	do	Fract Ulna R. 30	Conv. Dep't	23.8.15	W3034
18/9/15	O.C. 1st Hosp	Returned to duty.	Unit	11/9/15	B 213.
9 th 15	O.C.	(1) absent of stables 10.40am to 11.15 am. (2) Drunk. (3) Breaking out of Guard Room forfeits all ordinary pay for 28 days + awarded 14 days CB		8.11.15	B. 2009.
8.12.15	O.C.	Drunk on C.O's Parade. 14 days F.P.N. 1. 6 th 15.	Home	3.12.15	B. 2009. P 2.0's. No 40 d/- 18/12/15.
28.1.16	O.C. 2 Gen.	Inf. Stomach admitted to	to 2 Gen.	28.1.16.	to. 3034.
15.2.16	"	Influenza dischd. to	Conv. Dep't.	15.2.16	to. 3034.

(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. [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				
11.3.16	O.C. No 4 Convalescent Camp.	Debility age 40 has to be struck off strength. Admitted to H.S. "St. George".	England.	11.3.16.	A. 36
15.3.16	O.C. Hosp. S. St. George	Debility re-admitted to	"St George"	11.3.16.	N. 2083.
21-4-16	C.I.C.A.S.	to no 2 can vet. Hosp.		20-4-16	Anthony C.E.A.C. Letter No. O.O.A. 305, 20/4/16
25-5-16	O.C. No 2 W.A.T.	Appointed a/cpl with: Post 11 Order No 144 of 25-5-16	S'cliff	23-5-16	P.H. 0 144
2-8-16	O.C.	Appointed a/cpl with Corp order 2-8-16	S'cliff	2/8/16	P.H. 0 223.
8-11-17	26 V.H.	Transferred to 1. 6 V.H.	P. Cliffe.	8-11-17.	P.H. d.c. 310. a/capt a/O.C. No 2 CAN. VET. HOSPITAL
15/4/16	B.C.A.C.	T.O.S	F store.	12/3/16.	P.H. 0. 13.
22/4/16	"	S.O.S of B.C.A.C to 2nd B.V.H	S'cliff.	20/4/16	" " 123.
6/9/16	2nd B.V.H	Returns to his Perm Grade.	"	5/9/16	" " 253
21/4/16	"	T.O.S from B.C.A.C.	"	20/4/16.	" " 110.
6/2/17	"	S.O.S from B.C.A.C. T.O.S from B.C.A.C.	"	2/2/17	" " 37.
11/2/17	B.C.A.C.	Re T.O.S.	Hastings.	31/2/17	" " 54

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

Casualty Form—Active Service.

Unit, Regiment or Corps. #2 Sec. C.A.V.C.

Regimental No. 48721 Rank Tpr. Name BUTLER, Wm.
C. E. F.

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

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

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

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				
21-4-19	O/S	T.O.S. D.D.#4	Montreal.	30-3-19	D.O.Pt.II-111.
21-4-19		S.O.S. D.D.#4 Demob.	Montreal.	11-4-19	D.O.Pt.II-111.R.O.1420.

Chas W. Jelley
 a/ Lieutenant,
 Assistant Adjutant,
 District Depot No. 4

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

[P.T.O.]

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
13	No. 2. General. Home	H. 8. 15	contus. forearm
52	82nd fld amb.	2-8-15	Scabies
29	82nd Gen. Home. Hkch. Nln. Rest str	23-8-15	Great Ulna R
54	To Coast Camp at Camp. 1st. adn.	11-9-15	To Duty
94	To Isolation Camp #2 Gen., Home	28-1-16	Inf. Stomach
109	Black & Green Depot Home	16-2-16	Inf. Stomach
117	Royal W. N. N. N.	11-3-16	Inf. Stomach
129	Green & Brown, Home	15-4-16	Recovery
129	Exchange	20-4-16	Recovery
181	Home	9-17	Inf. Stomach

NAME: Buller W

REGT'L NO: 1578721

RANK AND CORPS: 1st Lt. + Remount Dept

H. Q. FILE NO. 649-

CABLE		NATURE OF CASUALTY	FOLLOWS NO.
No.	DATE		

FOLLOWS

#2 both. Any Am. ...
#2 both. Any Am. ...
#2 both. Any Am. ...

31417
31417
31417

80

REMARKS

MISSION OF

HOSPITAL

LIST NO

NAME Buller W.

H. Q. FILE No. 649-

RANK AND CORPS Tpr.

REGT'L. No. 48421

no. 1. Sect. C.A. V.C. + Remount Dept.

CABLE

NATURE OF CASUALTY

NO. 3145
FOLL.

NO. DATE

URINALYSIS REPORT.
(for Board)

22

48721

Reg. No.

Rank.

Name. *Bullock, W*

Unit. *4th Res*

Sp. Gravity *1.020*

Reaction. *Acid*

Albumen *nil*

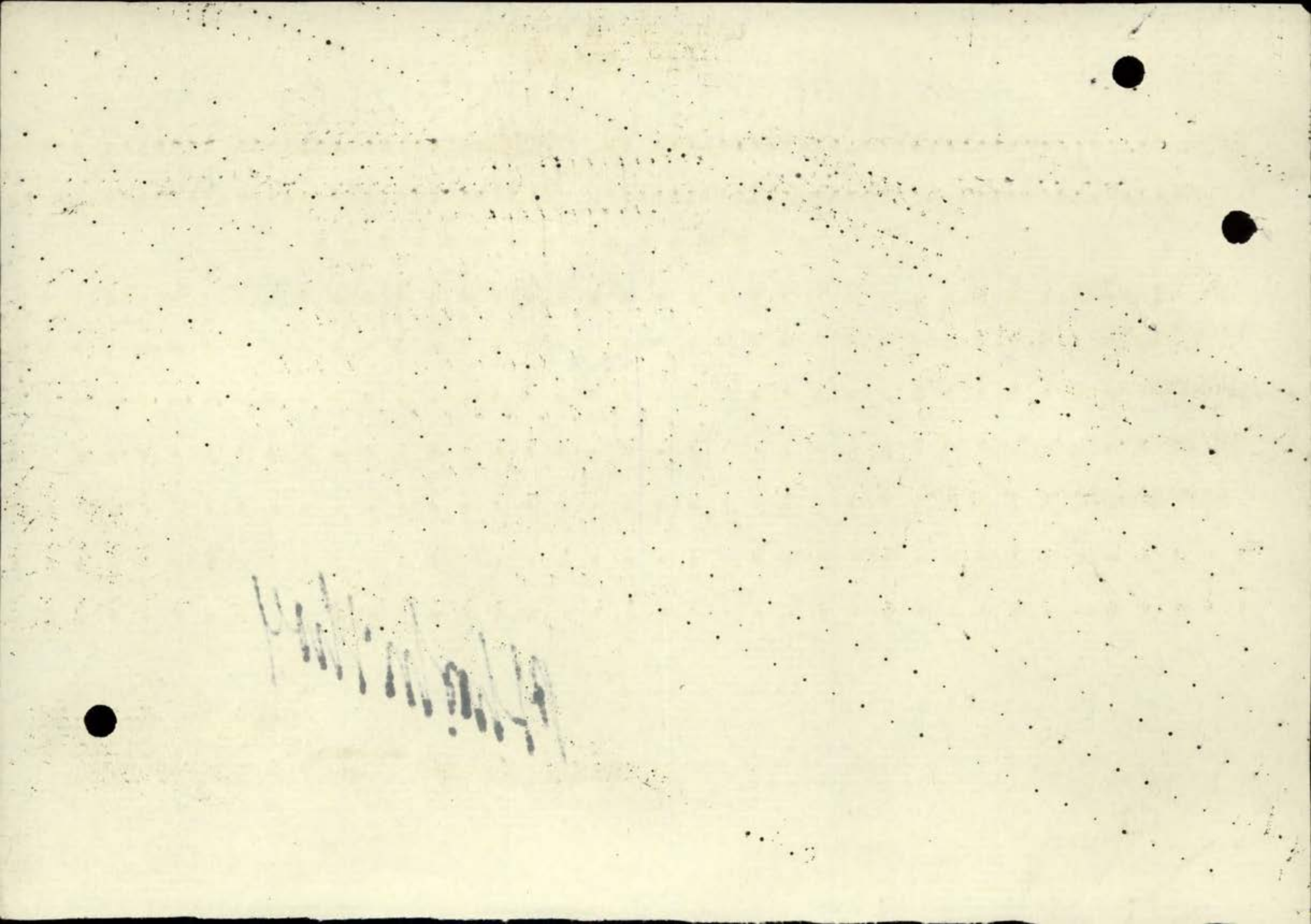
Sugar *nil*

Microscopic



W. W. Witley

Captain, C.A.M.C.
for Major, C.A.M.C.
O.C., Canadian General Laboratory.



REQUISITION *Minalypis*

DATE

9/1/17.

REG. NUMBER

48721

NAME

Pt - Buller

UNIT

C.A.V.C.

WARD

II

DIAGNOSIS

Infl. N-Groin

Exam required

Antiser

MEDICAL OFFICER

*Capt - Truiper
(Rn & C.V.C.)*

REPORT

COLOUR

Brick

S.G.

1.030

REACTION

acid

SUGAR

neg.

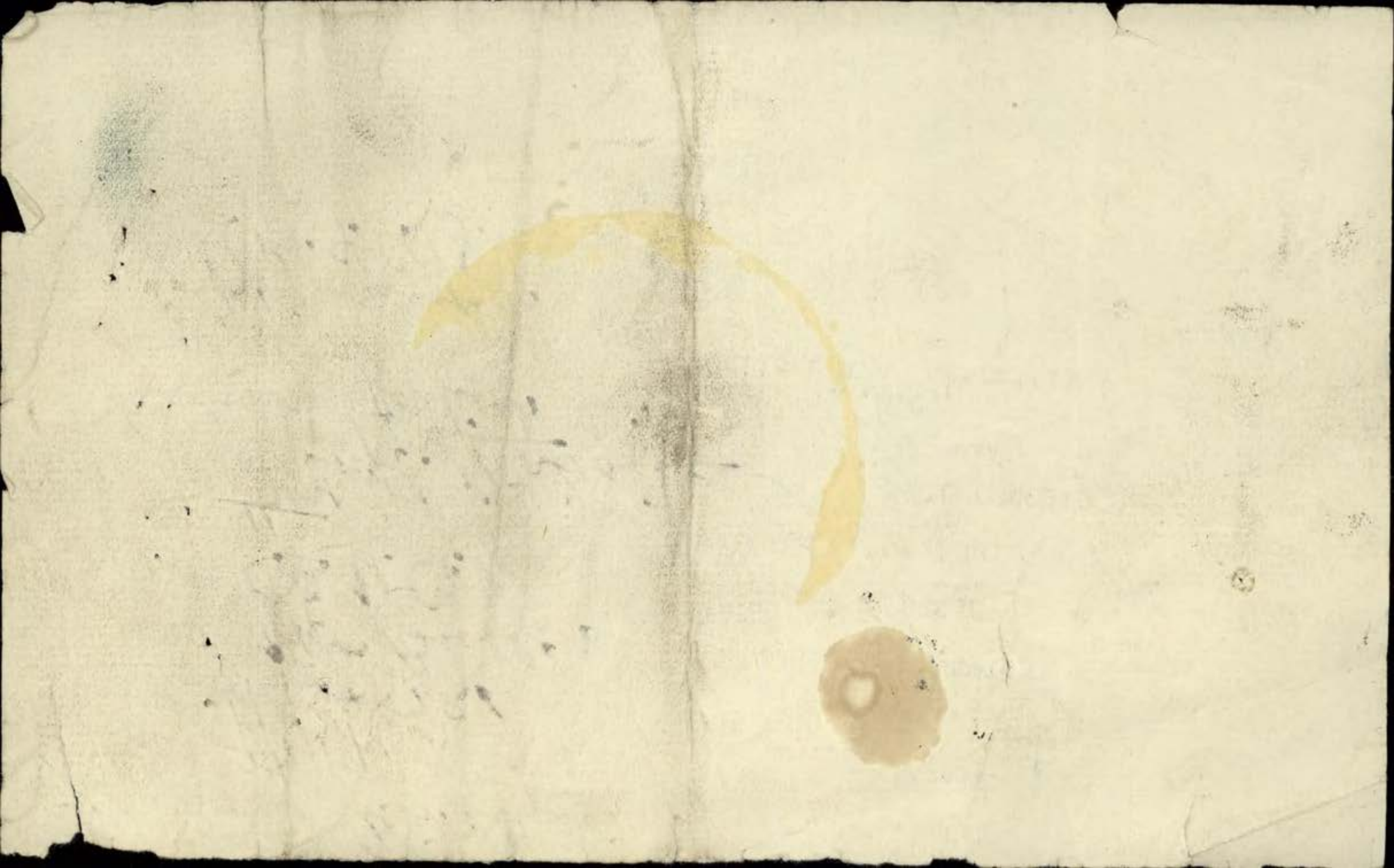
ALBUMIN

neg

MICROSCOPIC

R. B. Jenkins
CAPT. C.V.C.

Officer i/o Laboratory



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

- | | | |
|----|--|-----------------|
| 1. | <i>Can Convent. Hosp Monks Boston.</i> | <i>15.4.16.</i> |
| 2. | <i>Moore Bks Shorecliff</i> | <i>9-1-17</i> |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Surname

Christian Name or Names

Reg. No.

Buller, W.

48721

Rank

Unit

Co

Troop

Batty.

Spr.

C.A.S.C. C.A.V.C. + Reserve Depot

Hospital

Date of Admission

#2 Gen Harte

4.8.15.

Transferred to ~~no~~ Camp

Hosp. 27-8-15-

#2 Gen Harte

Hosp. 28-1-16

Camp Harte

Hosp. 16-2-16

Royal Victoria Netley.

Hosp. 11-3-16.

Diagnosis

(1) Later Diagnosis (if changed)

Contus forearm.

(2)

Fractura ulna, R

(3)

Additional Diagnoses, if more than one state present

Inf. Stomach

Influenza

Debility

Infl. Conn. tissue, R. Grain

DISPOSITION

Ref. for duty from Hosp U.S.

Date

11-9-15

report
Disch'd 20.4.16.

REMARKS

C.L. 10 8. 15

13. (2)

Dis 31-1-17

27-9-15 54

3-2-16 94

24-2-16 9109

" 17-3-16 # B17

" 30-3-16 # B21

" 25-4-16 # B28

19-1-17 81

5-2-17 80

A.M.D. 2 DEPT.

Bch. of D.A.M.O. J.M.F.C. London

PW 12

9887106. Plaque ret'd for correction.

AUG 25 1924

Plague Desp. _____ Reqn. No 819

5-6431

8 3/9

✓ Spr ✓ 565 11-4-19 m 204 v. 104

BULLER, Ex-Spr. Wm., #48721, H.Q. 649-B-42408.

of the Res. Br form
C.A.V.C.

M. & D. (Sister) u Miss Emily Buller,
Donnington Lodge, Newbury,
Berks., England.

P. & S. (Brother) John Buller,
32 North Bar, Banbury, Oxon, Eng.

(Ser. # 985106)

Mem. C. Nil.

Ser. # 987584.

3 lig. 14/15 star Spr. C.A.V.C. #/Sect. 47958

" O. m.

21 " B.W. m

101

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

36

YEARS

8

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

23 1/4

INCHES

COMPLEXION

Pallor

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

38. l. arm. Tattoo r. arm. Hands cross the sea, ship, hands crossed. American & Union Jack. Heart with sword through it Man with snake scar r. side back.

MEDICAL EXAMINATION.

PLACE

Montreal P.Q.

DATE

Oct 24th 1914



SURNAME.

Buller

414 CARD NO.
~~20.114~~
FOLL
~~10.114~~

CHRISTIAN NAMES

William

REGL. No.

48721

RANK

Trooper

UNIT

C. A. V. C.

*Died 10⁹/₃₀ Tuberculosis
with letters S.C.R
of 11.9.20.*

FORMER CORPS

Goldstream Guards

NEXT OF KIN.

NAMES IN FULL

Buller, George

RELATIONSHIP TO SOLDIER

Father

ADDRESS

*32. North. Bar. Banbury
Oxonshire*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England Banbury Oxon

PLACE OF ATTESTATION

Montreal Que. DATE Nov 2. 1914

A/C 10-4-19 ³⁰⁰/₂₁ Jpr

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
Jan. 9.	M.B.C.H.S'cliffe.	Infl. Conn.	Tissue	81.	ER	
"	31. Discharged.		R Groin.	86.	ER	

Name BULLER William. Rank Tpr.

Reg. No. 48721.

Unit NO.1. Section C.A.V.C.

Next of Kin George Buller (Father) 32 North Bar, Banbury,
England.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1915.						
Aug 4.	No.2.Gen.Hosp.	Havre	Contus.forearm	13	E	
" 23.	Dischd to Con. Camp.	Frac.Ulna,R.		29		
Sep.11.	Rejoined to duty	from Hosp.		54	E	
1916.						
Jan.28.	No.2.G.H.	Havre.	Inf.Stomach.	94.	E.	
Feb.16	Disch.to C.D.	Havre	Influenza	A109E.		
Mar.11.	Royal Vic.Hosp.	Netley.	Sick.	B17.	E	
	(Cas.now reported to be "Debility")			B21.		
Apr.15.	C.C.H.	Monks Horton.	Debility.	B29.		
" 20.	Discharged.		"	B29.	E.	

RANK NAME

AGE SERIAL NO. IN A. AND D. BOOK

DATE AND PLACE OF ORIGIN

..... DUE TO SERVICE
..... NOT DUE TO SERVICE

HOSPITAL AS AN ADMISSION

WHERE FROM)

IT IN CATEGORY

INVALID

WHERE TO)

CONDITIONS DIAGNOSED

~~DESP~~
OCT 10 1927
Serial No. 2853356

1910
Rec'd 11/27

AR 649-B-42408

OCT 7 1927

REMARKS:-

Number 48721 Rank a/Sgt.

Surname BULLER

Christian Name William

Units 6a U C Theatre of War France

Date of Service 17-6-10

(also British)



Remarks

Latest Address N. S.

Sister Miss Emily Buller Donnington Lodge
Newbury Berks England

Roll No.

Page 21003

200m.-6-21.

Casualty Form—Active Service.

Regiment or Corps... No. 2 Section C.A.V.C.

Rank... 48721 / Surname BULLER / Christian Name William

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

Enlisted (a)... 24/10/14... Terms of Service (a)... Dugway... Service reckons from (a)... 24/10/14...

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...

CERTIFIED CORRECT
 20 NOV 1917
 CAN. RECORDS, LONDON

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...			
7/2/17	C.C.H.C.	S.O.S. to Res. Unit	Hasting	5/2/17	Pro o by
					J.H.H. Gen's East
					FOR LT: COL: W.C. RECORDS, C.O. M.E.
8/11/17	C.G.B.D.	T.O.S. Can. Vet. Hosp on arrival in France	C.G.B.D.	7/11/17	R.H.R 360 P/157
18/11/17	C.V.H.	Joined Unit	Home	12/11/17	R 273
25-12-17	"	Aged Myalgia (Clampd. P.B.)	"	14-11-17	W. 3339
20-12-17	"	Clampd. P.H.	"	22-11-17	do
Jan 1918	A.S.D.	Aged Myalgia Det. Vessin Clampd. Be.	Hauptman	Jan 1918	W. 3339-340

(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, Shoering-Smith, &c.

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

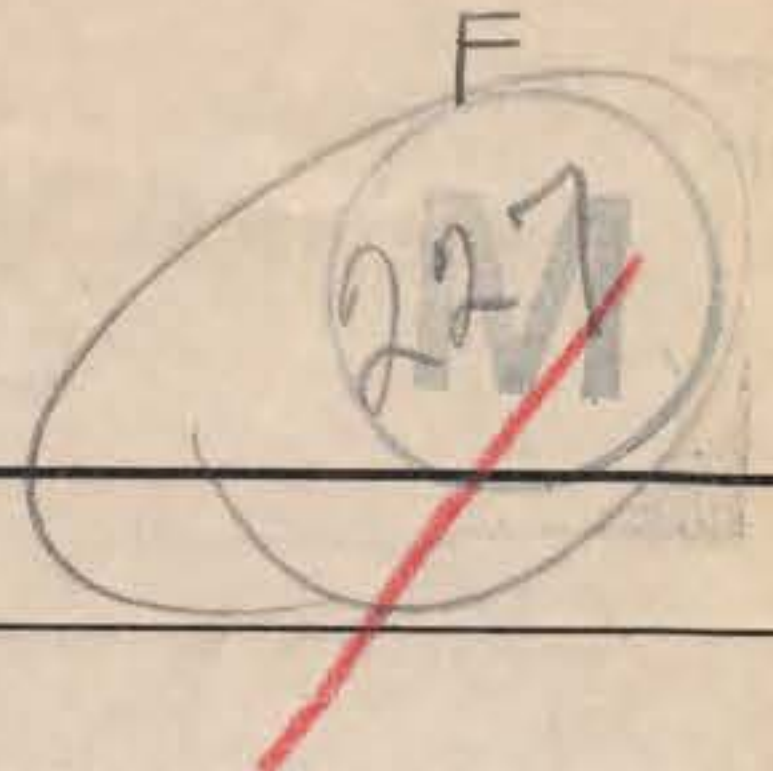
- CSW*
- ✓1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
 - ✓2. Casualty Form (A.F.B. 103).
 - ✓3. Medical History Sheet (M.F.B. 313 or A.F.B. 179).
 - ✓4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
 - ✓5. Dental Certificate (C.A.D.C. 5009a).
 - ✓6. Field Conduct Sheet (A.F.B. 122)
 - ✓7. Proceedings on Discharge (M.F.B. 218a)
 - ✓8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
 - ✓9. Copy of Discharge Certificate (M.F.W. 39a).
 - ✓10. Dispersal Certificate (C.D. 3).
 - ✓11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
 - ✓12. Last Pay Certificate (F. 851).
 - ✓13. Pay Book (A.B. 64).
 - ✓14. War Service Gratuity (Form M.F.W. 2595).
 - 15. Sundry Documents.

Group.....
 Checked by No. *23*
 Date *28/3/19*

Cat. B II
 S.G. 18
 O.G. 7

25 MAR 1919

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)



1. No. <i>48721</i>		
2. Rank. <i>1st</i>		
3. Name. <i>Buller, William</i>		
4. Unit. <i>4th Res.</i>		
5. Date of Discharge	<i>11-4-19</i>	Place <i>Montreal, Que.</i>
6. Reason for Discharge <i>Demob</i>		
WAR SERVICE BADGE. CLASS "A" No. <i>276870</i>		
7. Authority. R.O. 1420. D.D. #4 D.O. Pt. II-111.		
8. Proposed Residence after Discharge <i>Montreal</i>		
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. ? <i>B 34</i>		
<i>Montreal</i> <i>April 11-1919</i> <i>W Buller</i> Signature of Soldier.		
10. CONFIRMATION.		
The discharge of the above named man is hereby confirmed.		
Place <i>Montreal</i>		
Date <i>April 11-1919</i>		
Signature <i>[Signature]</i>		(O. C. Discharging Unit.)

Star
19-2-19
1st Lt. Discharge Section, Dispersal Station "F"

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
31 st Oct. '14	Inoculation (Typhoid)
9 th Nov. '14	do do
9.8.17.	Tab Hammeel to come.
11.8.17.	B th (Westcliff) Hammeel, to come.
Apr. 20-16.	Fit. (Sgd) W. McKeown. Lt. Col.
Feb. 1-1917.	Hastings. A. iii. " T.R. Welwood. Capt. GH.
Witley 19/3/19	Dry Vision Bronchitis B th Jas. L. Hammond <i>apd come</i>

Table IV.—Service Table.

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

ORIGINAL.

5.B. 48721 305

Army Form B. 178.

No. To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^A to be used for Special Reserve recruits
and Special Reservists enlisting into the Regular Army.

From *Buller* MEDICAL HISTORY of
Surname *Buller* Christian Name *William*

MAR 1916

To TABLE I.—GENERAL TABLE.

Birthplace .. Parish *Bambury* County *Oxon England*

Examined { on *24th* day of *October* 191*4*.
at *Montreal*

Declared Age *36* years *240* days.

Trade or Occupation *Labourer*

Height *5* feet, *8* inches.

Weight lbs.

Chest Measurement { Girth when fully Expanded *35 1/2* inches.
Range of Expansion *2 3/4* inches.

Physical Development

Vaccination Marks { Arm .. Right Left
Number *3*

When Vaccinated
Vision { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease
(a) *Tattoos R. Arm, Hands across the Sea, Ship Hands Crossed, America Union Jack, Pierced Heart, Man with Snake, Scar Rt. side of neck.*

(b) Slight defects but not sufficient to cause rejection
(b) *3rd fingers l. hands missing*

Approved by .. (Signature) *(Ogo) W.G. Dalphé*
(Rank) *Lieut. Col.*
Medical Officer.

Enlisted { at *Montreal*
on *3rd* day of *October* *Nov.* 191*4*.

Corps.	Regtl. No.
<i>C.A.V.C. No 2 Sec.</i>	<i>48721</i>
<i>No 1 C.V.H.</i>	

Transferred to
Became non-effective by
on day of 191 ..

(Signature)
(Rank)

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Netley	11	3	16	14	4	16	Debility	25	Complaints loss of weight, laminitis, headaches. No physical signs. Reflexes normal. Sputum not found. Iron tonic tabs. 11/4/16. Rec for transfer to Canadian Depot. Discharged 14/4/16	C. W. Delgado Capt. R. H. Hunt.
Monks Horton.	15	4	16	20	4	16	Debility.	5.	Paraded sick at Le Havre. Jan 28th. Came to Monks Horton 15-4-16. Present Condition Fit. Discharged to C.C.A.C. Folkestone. 20-4-16.	(Sgd) J.M.Eaton. Capt.
Moore Barracks Hpl. Shorncliffe.	8	1	17	31	1	17	Inflm. Conn. Tiss. R. Groin.	24.	Incision of abscess - drained - wound healed - some thickening of surrounding Tissues discharged to C.C.A.C.	(Sgd) C.A.Temple. Capt. GH.

Duplicate Medical History Sheet posted to here 7.5

Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA	SEPARATION ALLOWANCE	ENGLAND or CANADA
EFFECTIVE DATE: 1/10/17		EFFECTIVE DATE: -	
AMOUNT: 17 ⁰⁰		AMOUNT: -	

NAME: *BULLER, William*
NUMBER: *48721*

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

*M^{rs} A Buller,
32 North Bar,
Banbury, Oxfordshire*

Stopped 1/5/19

paid by 3986

MD

Willet

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Private</i>

UNIT AND TRANSFERS

ORIGINAL UNIT: -

DATE ACCOUNT FIRST OPENED: -

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S & D	UNIT TRANSFERRED TO
			<i>Barb</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>1/19</i>	<i>4896</i>	<i>Witley</i>	<i>973</i>			<i>Cr Bal per 28</i>	<i>2809</i>
						<i>Lpc</i>	<i>1836</i>
			<i>973</i>				<i>973</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1 00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans to Can 3/19 AR 4. 3986 Witley 3/3/19 Witley MD 4*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>March</i>	<i>Cr. Balance fwd</i>								<i>9913 25</i>		
<i>Apr</i>	<i>P Pay</i>	<i>33</i>		<i>CR A 5837 £3-9-10</i>			<i>17</i>		<i>8213</i>		
				<i>AR 40 6 V 24 15/4/18 (9)</i>	<i>4 46</i>				<i>11069</i>		
				<i>GR 3946 25/4/18 (14)</i>	<i>14 60</i>				<i>9609</i>		
				<i>AR 191 6 V 24 3/4 (48)</i>	<i>4 46</i>				<i>9161 25</i>		
		<i>33</i>			<i>23 52</i>		<i>17</i>				
<i>May</i>	<i>P Pay</i>	<i>3410</i>							<i>12541</i>		
				<i>A 96640 £3 9 10</i>			<i>17</i>		<i>10841</i>		
				<i>AR 349 6 V 24 15/5 (17)</i>	<i>4 46</i>				<i>10425</i>		
				<i>" 492 " 31/5 (57)</i>	<i>4 46</i>				<i>9979 25</i>		
		<i>3410</i>			<i>8 92</i>		<i>17</i>				
<i>June</i>	<i>P Pay</i>	<i>33</i>							<i>13279</i>		
				<i>B 30841 £3 9 10</i>			<i>17</i>		<i>11579</i>		
				<i>AR 686 6 V 24 15/6 (19)</i>	<i>4 46</i>				<i>11133</i>		
				<i>" 864 " 30/6 (50)</i>	<i>4 46</i>				<i>10689 25</i>		
		<i>33</i>			<i>8 92</i>		<i>17</i>				
<i>July</i>	<i>P Pay</i>	<i>3410</i>							<i>14097</i>		
				<i>602837 £3 9 10</i>			<i>17</i>		<i>12397</i>		
				<i>AR 1630 6 V 24 16/7 (23)</i>	<i>4 46</i>				<i>11951</i>		
				<i>" 1173 " 31/7 (65)</i>	<i>4 46</i>				<i>11505 25</i>		
		<i>3410</i>			<i>8 92</i>		<i>17</i>				
<i>Aug</i>	<i>P.P.</i>	<i>3410</i>							<i>14915</i>		
				<i>CR 1046438 £3 9 10</i>			<i>17</i>		<i>13215</i>		
				<i>AR 1308 6 V 24 15/8 (37)</i>	<i>4 46</i>				<i>12769 25</i>		
				<i>" 1444 " 31/8 (69)</i>	<i>4 46</i>				<i>12323</i>		
		<i>3410</i>			<i>8 92</i>		<i>17</i>				

