

ATTESTATION PAPER.

No. 2706287

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... MORRISON
- 1a. What are your Christian names?..... Allan Albert.
- 1b. What is your present address?..... 2476-13th Avenue W., Vancouver, B.C.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Cape Breton, Nova Scotia, Canada...
- 3. What is the name of your next-of kin?..... Mrs. Annie Morrison
- 4. What is the address of your next-of-kin?..... 2476-13th Avenue W., Vancouver, B.C.
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... 18th January 1898
- 6. What is your Trade or Calling?..... Seaman
- 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?..... 6 Months R.C.R., 6months C.A.M.C.
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
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. Yes
- 14. If so, what was the nature of the disability? Eye Sight
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. Yes
- 16. If so, what was the reason?..... Eye Sight

Sufficient Address R.G.M

AM

AM

AM

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Allan Albert Morrison, 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.

Allan Albert Morrison (Signature of Recruit)

Date 18th March 1919. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Allan Albert Morrison, 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.

Allan Albert Morrison (Signature of Recruit)

Date 18th March 1919. (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 Vancouver, B. C. this 18th day of March 1919.

(Signature of Justice)

Authy go.e MDXII d 7/2/19

Description of MORRISON, Allan Albert on Enlistment.

Apparent Age 21 years months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 $\frac{3}{4}$ ins.

Chest measurement: { Girth when fully expanded..... 36 $\frac{1}{2}$ ins.
 Range of expansion..... 2 $\frac{1}{2}$ ins.

Complexion Medium

Eyes Blue

Hair Light

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

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).

Everight R. 20 L. 20 / 60 60

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 18 March 1919.

Place Hanover B.C.

J. Macdonald

 Cap't C. A. M. C.
 M. G. 11th Batt'n C. G. Reg't C. E. F.
 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.

Allan Albert Morrison 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.

R. J. Montecchi Major (Signature of Officer)
 11th Batt'n C. G. Reg't C. E. F.

Date 18 March 1919.

11 M. D. 2nd. Depot Battalion B. C., Regiment

Regt. No. 4082560

2nd DEPOT BATT. B.C. REGT.
PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname..... MORRISON

2. Christian name..... Allan Albert

3. Present address..... Delhi Hotel, Victoria, B. C.,
Canada.

4. Military Service Act letter and number..... Not Registered.

5. Date of birth..... 18th, January, 1897

6. Place of birth..... Cape Breton, Nova Scotia,
(town, township or county and country) Canada.

7. Married, widower or single..... Single

8. Religion..... Presbyterian

9. Trade or calling..... Seaman

10. Name of next-of-kin..... Mrs. R. H. Morrison.

11. Relationship of next-of-kin..... Mother

12. Address of next-of-kin..... 2476, 13th. Ave. West,
Vancouver, B. C., Canada

13. Whether at present a member of the Active Militia..... Yes

14. Particulars of previous military or naval service, if any..... 5 months Field Ambulance Unit
C. A. M. C.

15. Medical Examination under Military Service Act:—
(a) Place *Victoria B.C.* (b) Date *23.4.18* (c) Category *E*

SUFFICIENT ADDRESS

W. B. M.

DECLARATION OF RECRUIT

I, Allan Albert Morrison, do solemnly declare that the above particulars refer to me, and are true.

Allan Albert Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... *21* yrs..... *3* mths. } Distinctive marks, and marks indicating congenital peculiarities or previous disease.

Height..... *5* ft..... *6* ins. }

Chest measurement } fully expanded..... *35 1/2* ins. }

range of expansion..... *3 1/2* ins. }

Complexion..... *Fair*

Eyes..... *Blue*

Hair..... *Light*

M. G. Mc Guire, Major
for O. C. absent on duty
2nd. Depot Btl.
B. C., Regt.

Place *Victoria, B. C.,* Date *23rd, April, 1918.*

Place

Date

NOV 1917

Depot Battalion
M. D. 11

DESCRIPTION ON CALLING UP

Distinctive marks and marks indicating congenital peculiarities or previous disease	Height	5 ft 11 in	Apparent age	25
	Weight	145 lbs	Complexion	Light
	Build	Slender	Eyes	Blue
	Complexion	Light	Hair	Light
	Build	Slender		
	Complexion	Light		
	Build	Slender		

(Signature of Recruit)

above particulars refer to me, and I declare that the

DECLARATION OF RECRUIT

I, W. J. ... do solemnly declare that the

15. Medical Examination under Military Service Act (a) Place ... (b) Date ...

14. Particulars of previous military or naval service, if any

13. Whether at present a member of the Active Militia

12. Address of next-of-kin

11. Relationship of next-of-kin

10. Name of next-of-kin

9. Trade or calling

8. Religion

7. Married, widower or single

6. Place of birth

5. Date of birth

4. Military service Act letter and number

3. Present address

2. Christian name

1. Surname

(Class)

DRAFTED UNDER MILITARY SERVICE ACT, 1917 PARTICULARS OF RECRUIT

Recruit No.

Depot Battalion

M. D.

11

Regiment

ATTESTATION PAPER

"L Coy" The Royal Canadian Regiment of

QUESTIONS TO BE PUT BEFORE ATTESTATION.

- 1. What is your name?
2. In what Township or parish, and in or near what Town and in what County or Country were you born?
3. *What is the name of your next of kin?
4. *What is the address of your next of kin?
5. What is the date of your birth?
6. What is your trade or calling?
7. Are you an apprentice?
8. Are you married?
9. Are you willing to be vaccinated or re-vaccinated?
10. Do you now belong to the Active Militia?
11. Have you ever served in His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? ††

Allan Albert Morrison
Marble Mountain
Cape Breton
Canada
(Father) Mr. G. Morrison
2478, 13th Av. West, Vancouver B.C.
18th Jan 1899.
Seaman
No
No
Yes
No
18.2 a.m. 6. 5 months

†† If so, state particulars of former Service, and produce Certificate of Discharge, or transfer to Army Reserve.

- 12. Do you understand that enlistment into the Permanent Force does not involve your discharge from the Army Reserve, but that if required for duty as an Army Reservist you will be discharged from the Permanent Force?
13. Have you ever been rejected as unfit for His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police?
14. Do you understand the nature and terms of your engagement?
15. Are you willing to be attested to serve in the or for General Service for the term of Three years.

Yes
No
Yes
Yes

(Signature of Man) (Sgd) Allan Morrison
(Witness) (Sgd) E. Worthington R.C.R.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Allan Morrison do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; and that I am willing to be attested for the term of Three years, provided His Majesty should so long require my services, or until legally discharged.

(Sgd) Allan Morrison Signature of Man. (Sgd) E. Worthington R.C.R. Signature of Witness.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Allan Albert Morrison do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to his Majesty.

Witness my hand. (Signature of Man) (Sgd) Allan Morrison (Witness Present) (Sgd) E. Worthington R.C.R.

The above questions were asked of the said Allan Albert Morrison and answered by him in my presence, as herein recorded; and the said Allan Albert Morrison made the above Declaration and Oath before me at Esquimalt B.C. this 1st day of May One Thousand Nine Hundred & Eighteen at 10.45 o'clock A.M.

† Signature of Commanding Officer of Squadron, Battery or Company, or Justice of the Peace. (Sgd) J. Versterne Ranbury Major

* To be verified in the month of January in each year
† But only at the Headquarters of the Corps for Permanent Units, and in cases where the Commanding Officer has taken the same oath before a Justice of the Peace. (See K. R. & O. for the C. M., and the Militia Act.)

MILITARY HISTORY SHEET.

1. Service at Home and Abroad (including former service of re-enlisted men, when allowed to reckon towards Deferred Pay or Pension).

COUNTRY	FROM	TO	YEARS	DAYS	N. B.—The country only to be shown—it is not necessary to show separately the services in the different stations of the same country.
<i>Canada</i>	<i>1.5.1918</i>				<i>Head of V. Bunbury</i>

<p>2. Passed classes of Instruction {</p> <p>3. Campaigns..... {</p> <p>4. Wounded {</p> <p>5. Effects of wounds {</p> <p>6. Special instances of gallant conduct..... {</p> <p>7. Medals, Decorations and Annuities {</p>	<p>Initials of Officers.</p> <hr/>
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<p>9. Particulars as to Marriage.....</p>	<p>(a)</p>	<p>(b)</p>	<p>(c)</p>	<p>(d)</p>	<p>Date of being placed on Married Roll</p>	<p>Initials of Officers.</p>

<p>10. Particulars as to Children.....</p>	<p>Christian Name</p>	<p>Date and Place of Birth</p>	<p>Date and Place of Baptism, and Name of Officiating Minister</p>

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry.

Description of Allan Albert Morrison on Enlistment.

Apparent Age 19 years 5 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 the 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. 6 ins.
 Weight 139 lbs.
 chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 33 ins.
 Complexion Fresh
 Eyes Blue
 Hair Fair
 Religious denomination { Church of England
 Presbyterian /
 Wesleyan
 Baptist and Congregationalist
 Other Protestants
 (Denomination to be stated.)
 Roman Catholic
 Jewish

Eyes Crossed
R.V. 200 at soft
L.D.P.D at out

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 declares that he is not subject to fits of any description.

I consider him* Fit for the Permanent Force. C III

Date April 26th 1918 (Sgd) A. C. Sinclair

Place Esquimaux B.C. Capt C.A.M.C.
 Insert here "fit" or "unfit." Medical Officer.

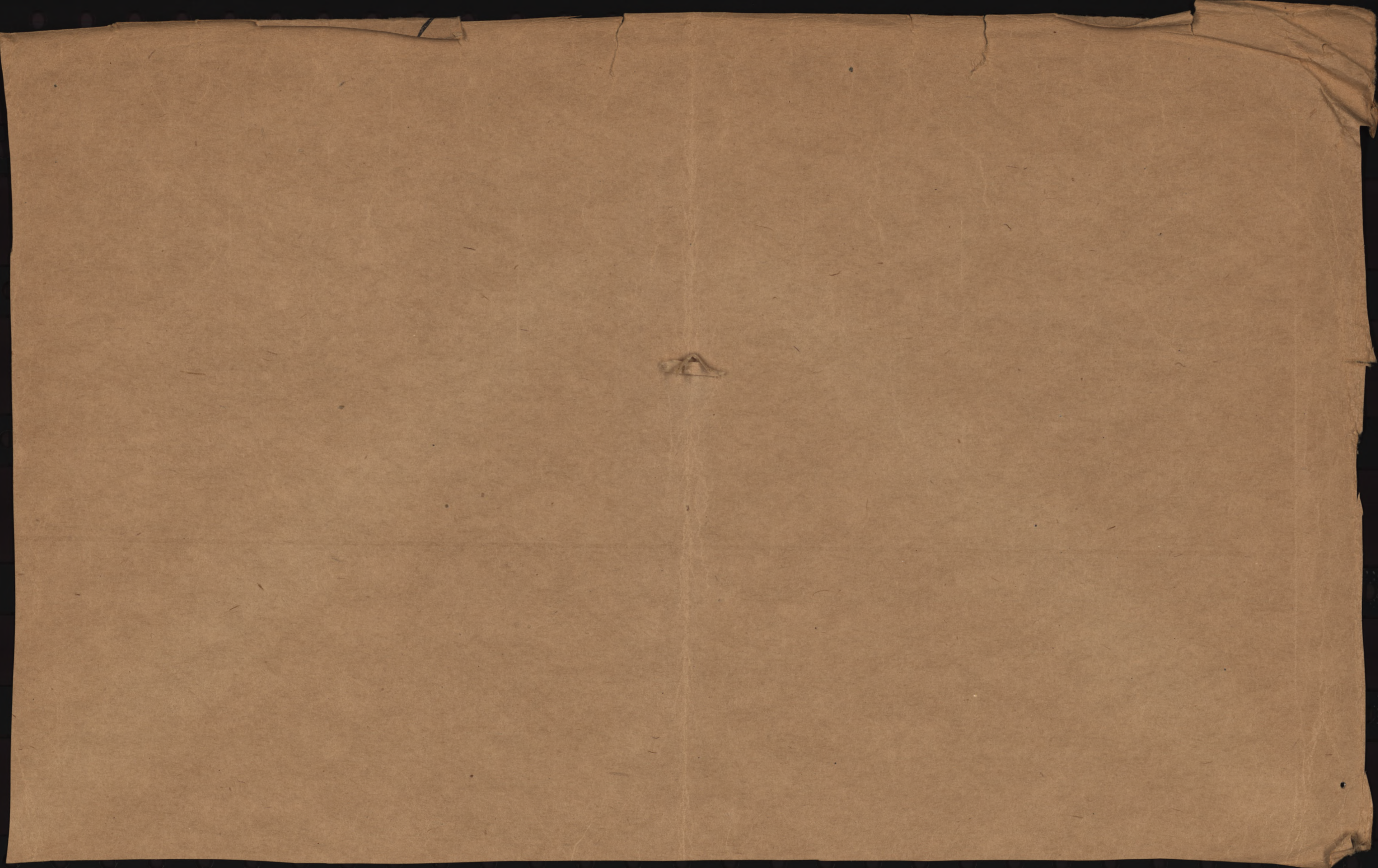
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the following Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING OR ADMINISTERING THE CORPS.

Allan Albert Morrison 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.

(Sgd) J.V. Bumbury Major { Signature of Officer.
 Commanding No. 6 Station, R. C. Regt.

Date August 1st 1918.



1) 4082560

2) 479920

3) 2706287 *pre.*

Morrison

Allan Albert

I.D. number
No. d'identification

Surname
Nom de famille

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

Location
Lieu

6399



5911

M. F. W. 71-500M.-5 18.
1772-39-931.

U
✓

NAME Morrison Allan Albert

REGIMENTAL NO. 2706287

RANK Pte.

ENLISTED AT Vancouver B.C.

PROMOTIONS, &c.
AND DATE

DATE 18.3.19

IF SERVED PREVIOUSLY. STATE UNIT. &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Annie Morrison RELATIONSHIP Mother

ADDRESS OF 2476 13th Ave. E. Vancouver B.C.

ASSIGNMENT OF PAY \$ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

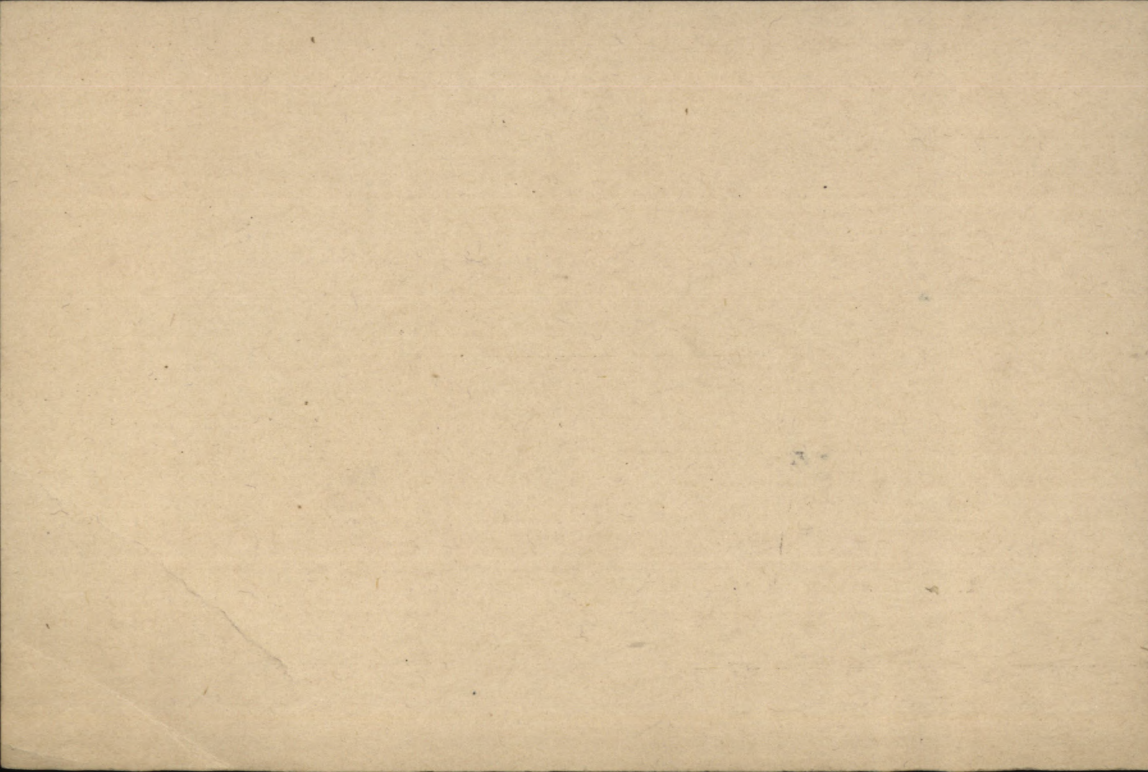
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NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
<i>F. 1. 5. 11 in Det. C. G. R. 18. 3. 19</i>	<i>47</i>	<i>18. 3. 19</i>	<i>Attested</i>
<i>S. 1. 5. 11 in Det. C. G. R. 4. 7. 19</i>			<i>V. F. H. M. A. 16. 6. 19</i>
<i>S. 1. 5. 11 in Det. C. G. R. 4. 7. 19</i>	<i>135</i>	<i>4. 7. 19</i>	<i>Discharged</i>

Surname Morrison H. Q.
Christian names Allan Albert M. D. No. 11
Regtl. No. 479920 Rank Pte T. O. S. June 22 1918.
Unit R. E. R. D. O. Pt. II 55 of 15/11/18.
S. O. S. Dis 15/11/1918.
Reason Medically Unfit.
Auth. D.O. 14706 15/11/18
no 6 Station R.C.R.

Next of kin Morrison R. E. Relationship Father
Address 2478, 13th Ave W
Vancouver B.C.
Also notify:

BORN—Place Canada Marble Mountain N.S. Date Jan 18th 1899
ATTESTED—Place Esquimalt B.C. Date May 1st 1918
O/S..... R/C.....



NAME

McDonald John

RANK & No.

Pte.

CORPS

108th

721-150
Battalion.

ENLISTMENT, PLACE

Winnipeg

DATE

Dec. 4th 1915

FORMER CORPS.

Nil.

COUNTRY OF BIRTH

Scotland.

Nairn,

NEXT OF KIN

McDonald Christina

(Sister)

ADDRESS OF NEXT OF KIN

Mossie, Nairn, Scot.

DISCHARGE, PLACE

DATE

M. F. W. 22. 100 m.-9-15.

LEDGER No.

270

SERIAL No.

B 40168 15

REG. No.

2706287

NAME

Mcarrison A. A

RANK

Cpl

CORPS

11th Cgd

AGE

21

SERVICE

6 4/12

HOSPITALS

DATE OF ADMISSION

1

Shangnessy Mil Vancouver

16-6-19

2

3

DIAGNOSIS

C/O Optic Atrophy

TRANSFERRED TO

DISPOSITION

Disch Gas Co 4-7-19

CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1382.

P.T.O.

NAME.

*Morrison.**Allan Albert.*

RANK.

Pte.

REC. FILE.

No. *4082560.*CORPS. *B.C. Regt. 2nd*

H. Q. FILE.

ENLISTMENT, PLACE.

Victoria, B. C.

DATE.

April 23rd, 1918.

BIRTH

DISCHARGE, PLACE,

Canada, Cape Breton, N. S.

DATE.

Jan. 18th, 1897.

REASON.

ADDRESS ON DISCHARGE:

*I.O.S. nos. 11-17.
do. 116.*

DOCUMENTS.

NEXT OF KIN

ADDRESS

Morrison, Mrs. R. H.

RELATIONSHIP

*Mother.**2476, 13th Ave., West, Vancouver, B.C.*

CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO

DATE

BY

RECEIVED
BY

DATE

TO

DATE

BY

RECEIVED
BY

DATE



5911

V

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 270 6287 (Rank) Private
 Name (in full) Allan Albert Morrison enlisted in
 the 11th Battⁿ Canadian Garrison Reg C.E.F.
 CANADIAN EXPEDITIONARY FORCE at Vancouver B.C. on the 18th
 day of March 1919

HE served in Canada
 and is now discharged from the service by reason of "Medically unfit" on
Demobilization Routine order sub para 7 dated 18-11-18

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

Age <u>21 years</u>	Marks or Scars <u>Scar on right forehead</u>
Height <u>5 feet 8"</u>	
Complexion <u>Fair</u>	
Eyes <u>Grey</u>	
Hair <u>Brown</u>	

Allan Albert Morrison
 Signature of Soldier

John Wilson
 Issuing Officer

Date of Discharge 4th July 1919

Major
 Rank
11th Battⁿ Canadian Garrison Regt. C.E.F.

Signed at Vancouver B.C. this Fourth day of July 1919
 in Military District No. XI
 File Reference No.

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

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

.....
Name of Officer

.....
Rank

.....
Appointment

5911

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

M

This is to Certify that No. 449920 (Rank) Private

Name (in full) Allan Albert Morrison enlisted in
the Royal Canadian Regiment

CANADIAN EXPEDITIONARY FORCE at Esquimaux B.C. on the Fifth
day of May 1918

HE served in Royal Canadian Regiment

and is now discharged from the service by reason of Medically unfit
Authority - 11. M. D. 34 - M - 745

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

Age 20 years
Height 5 feet 6 ins
Complexion Fair
Eyes Blue
Hair Fair

Marks or Scars Eyes crossed

A. A. Morrison
Signature of Soldier

J. Schaffer
Issuing Officer

Date of Discharge Nov. 15th 1918

O. C. Blain ROR C87
Rank
Appointment

Signed at Wok. Point Barracks Esquimaux B.C. this Fifteenth day of November 1918
in Military District No. 11

File Reference No. _____

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 499920 (Rank) Private Name Alan Albert Morrison

Unit Royal Canadian Regiment

Address on Discharge 2446 13th Avenue W. Vancouver, B.C.

Character and Conduct Fair. S.

Former Occupation Seaman

Special Qualifications of Value in Civil Life Not known J.B.

Medals and Decorations None

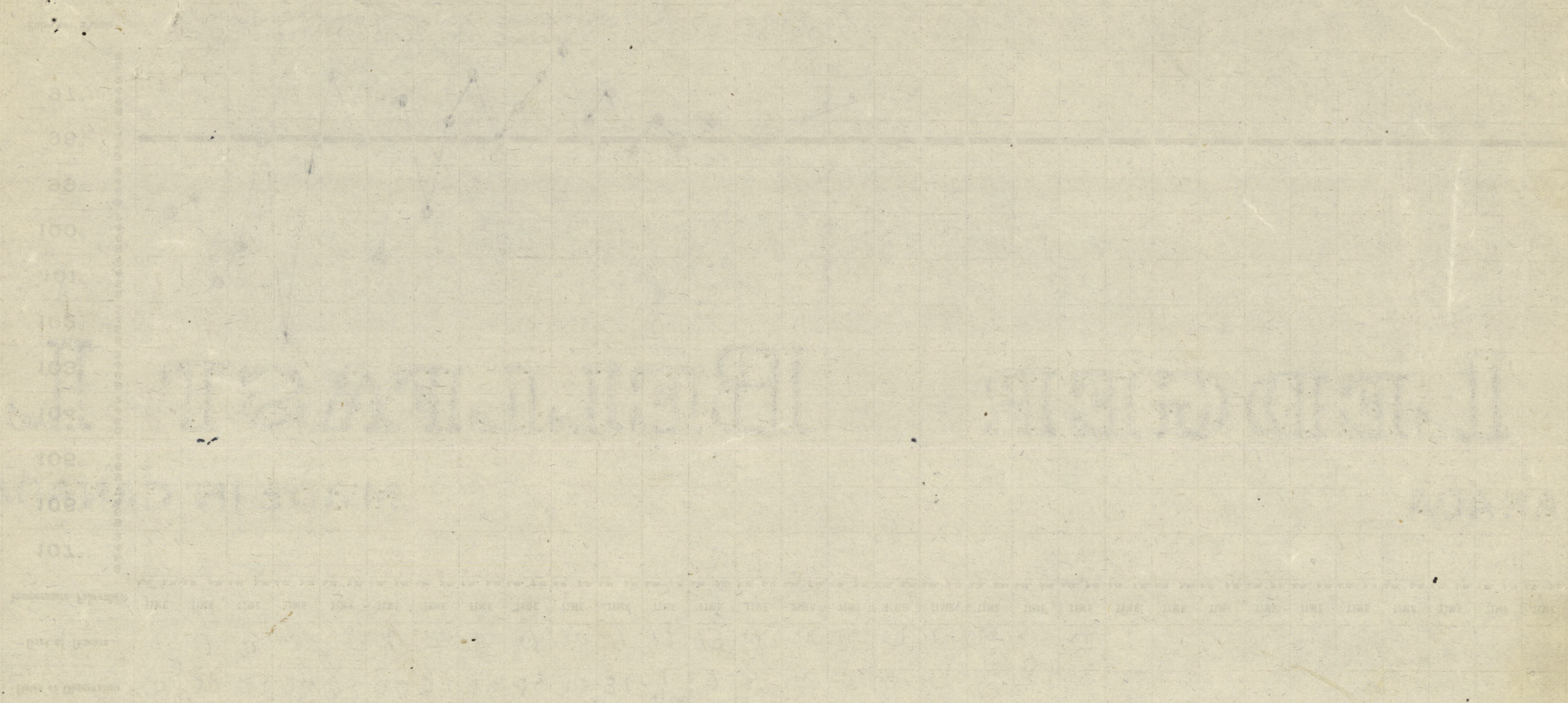
Remarks

Signed at Work Point Barracks, Esquimalt, B.C. this fifteenth day of November 1918

J. Cheffer
Name of Officer

Major
Rank

A. C. Elliott R.C.R.C.
Appointment



Disease _____ Date of Admission _____ Date of Discharge _____ Age _____ Sex _____
 Name _____ Hospital Station _____
 (To be written into Case Book opposite Patient's Case)
CLINICAL CHART

SETTLEMENT OF MAN'S ACCOUNT
ON TRANSFER OR DISCHARGE

M. D. 11

No. 3

Last Pay Certificate of Reg. No. 479920. (Rank and Name) Pte. A. A. Morrison,
of "L" Company, &c., Royal Canadian, Regiment &c., on (Discharge)
as Medically unfit, Authy. 11. M. D. 34-M-745, on 15th November, 1918
d/ 10-10-18.

STATEMENT to be completed by Company Officer and forwarded to Paymaster at least 3 clear days before discharge, etc., is to take place.

Date of enlistment 1-5-18. Date last re-engagement Nil.

Date of re-enlistment Nil. If recovered deserter, date service commences Nil.

If authorized to count previous service in Permanent Force or Regular Forces, give particulars, period, etc. No.

Date of promotion to present rank Nil.

State whether on married establishment and give date No.

Daily rate of Regimental pay 50¢ p.d. Proficiency or Corps pay F. Pay 10¢ p.d.

Instructional pay, or any additional pay, give particulars A.S. Pay, 40¢ p.d.

Amount of deferred pay due on discharge as per Form D. 805 attached \$3.10

- (a) Total cash payments made in current month Nil.
- " Public stoppages " " (give particulars) Nil.
- " Regimental charges " (" ") .10¢
- " charges against Clothing acct. " Nil.

(a) These amounts will be those appearing on current month's pay list, made since the last monthly pay-list was forwarded to the Paymaster.

Extra duty pay and allowances, including transfer allowance, to be paid on Form D. 807 to the man on transfer or discharge, give particulars and amount Field Pay \$1.50, Civilian Clo All, \$35.00

Total \$ 36.50.

I CERTIFY that the above statement is correct.

[Signature] Major, Officer Commanding Co., etc.
"L" Coy, R.C.R.

Dr. PAYMASTER'S STATEMENT OF ACCOUNT. Cr.

PERIOD.	PARTICULARS	\$	c.	PERIOD.	PARTICULARS	\$	c.
	To Balance Dr. from last account.....				By Balance Cr. from last account.....		
<u>1/10/18</u>	" Cash payments—			<u>1/10/18</u>	" Regimental pay <u>46</u> days @ \$ <u>50</u>	<u>23</u>	<u>00</u>
<u>to</u>	1st month.....	<u>7</u>	<u>00</u>	<u>to</u>	" Proficiency or } Corps Pay..... " @ \$.....		
<u>15/12/18</u>	2nd ".....				" Instructional pay } or days @ \$.....		
	3rd ".....				" Deferred pay, as per Form D. 805.....	<u>3.10</u>	<u>3.10</u>
	" Regimental charges—						
	1st month.....	<u>5</u>	<u>42</u>				
	2nd ".....		<u>10</u>				
	3rd ".....						
	" Public stoppages, viz:—						
	<u>Necessaries,</u>	<u>3</u>	<u>08</u>				
	" Balance Cr. ("amount to be paid to man prior to discharge or transfer).....	<u>10</u>	<u>50</u>		BY BALANCE DR.....		
	TOTAL.....	<u>26</u>	<u>10</u>		TOTAL.....	<u>26</u>	<u>10</u>

BALANCE CR. OF CLOTHING ACCOUNT (to be paid if man is discharged)..... \$..... c.....

* N.B.—Before making this payment, O. C. unit will deduct any cash payments or other charges made subsequent to the above statement being forwarded to Paymaster, and will then furnish Paymaster with particulars of same.

M. F. D. 877.

15m.—6.16.

H. Q. 1772-39-476.

N. B.—SEE OTHER SIDE FOR FINAL CERTIFICATE.

[Signature]
Paymaster.
Lieut.-Colonel
Paymaster M. D. 11

FINAL CERTIFICATE ON TRANSFER.

"I Certify that the amount of \$.....shown as Balance Cr. in Paymaster's statement of account was paid to the man prior to transfer, also that extra pay and allowances due on D. 807 have also been paid up to date of transfer, inclusive."

.....
Officer Commanding Co., Etc.

NO.	NAME	RANK	COMPONENT	DATE	AMOUNT	REMARKS
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.....
M. B. - See other side for final certificate.
.....

5911
K
CASE HISTORY SHEET.

Victoria Military Hospital.

Work Point

Station.

No. 479920 Rank. Pte Name. Morrison, A. A. Age. 19

Unit R. C. R. Completed years of service Where and how long } Canada, 6/12

Date of admission 21:10:18 Date of discharge 7:11:18

Diagnosis. Influenza Place of origin. Work Point.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complains: Headache, Pharyngitis fever.

History: Came on day previous.

Present Condition:

Respiratory Fine Subcrepitant rales upper lobes both lungs, Resp. 20
dry cough, expectoration, mucous, scanty nose bleed

Circulatory: Heart Normal. Pulse 80

Digestion: Tongue furred, appetite diminished, no abdominal pain,
pharyngitis moderate.

Nervous: Headache, frontal pain in back.

Lymphatic: Slight enlargement left sub

Special Senses: Slight conjunctivitis. Some pain.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) No History Pneumonia. No History T.B. in family.

TREATMENT

(Especially any specific or special form.)

Influenza vaccine mixed
Symptomatic treatment and isolation.

CONDITION ON DISCHARGE

(and disposal made of case.)

Fit for light duty.
will require attention to ears having had otitis media.

Date 7:11:18

H.A. Whillans, Capt.
Medical Officer i/c case.

B11060

23: Temp. Moderate. Nose bleed during day.

24: Tongue furred, chest becoming normal.

25: No headache or pain in back, slight subcrepitant rales in
near apex Temp. 101.6

26: Progressing, Temp, Slightly subnormal.

27:10:18 Otitis Media left ear, drum perforated, discharge bloody,
mixed with pus.

29: Both ears discharging, No pain .

31: for discharge almost stopped.

1 Convalesant.

7 No discharge from ears, chest and tongue clear.

Fit for light duty.

H.O. Whillan, Capt.

5911

K

5911

Original
4084560

MILITARY SERVICE ACT, 1917.

Class E.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of the medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Morrison. Christian name Albert Allan,
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....}
- 3. Consecutive number on schedule of men reporting for service (if he appears on it).....}
- 4. Address (including street and number, if any).....}

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23rd. day of April 1918. 1917, by the undersigned medical board sitting at Victoria B.C.

- 5. Age as stated 21 Years 3 Months. 6. Apparent age 21. Years _____ Months
- 7. Height 5 Feet 6. Inches. 8. Weight 130 Pounds.
- 9. Chest measurement { Minimum 32. Ins. 10. Complexion Fair. { Eyes Blue.
Maximum 35½ Ins. { Hair Light.
- 11. Physical development. Good. { Good
Fair
Poor 12. Smallpox marks Nil.
- 13. Number of vaccination marks { Right arm No. 14. When vaccinated last Never.
Left arm No.
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection.....
The man denies having had { Rheumatism
Tuberculosis We find no evidence of past { Rheumatism
Syphilis Tuberculosis
Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category E. 17. (a) Vision R. 20/200 L. 20/200
(b) Hearing. R. N. L. N.

J. H. Stewart President.
A. W. ... Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 23 day of April 1918 at Victoria B.C.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>2nd Depot BATT. B.C. REGT.</u>	<u>4084560</u>		<u>23-4-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N. B.—This sheet is 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.

Signature of Man

MEDICAL HISTORY SHEET.

G/

5911

Surname Morrison Christian Name Allan Albert

Examined { on 26 day of April 1918
 at 33rd Street
 Birthplace { City or Town Mableton,
 County Cyprus Dist.
 Apparent age 21 19

Approved by [Signature]
 Rank Capt. U.S.A. M.O.

Trade or occupation Seaman M.O.
 Height 5 Feet 6 Inches M.O.
 Weight 139 Lbs. M.O.
 Chest measurement { Minimum 33 inches M.O.
 Maximum expansion 36 inches M.O.
 Physical development good M.O.
 Small-Pox Marks no M.O.

Vaccination Marks { Arm Right Left
 Number — — —
 When Vaccinated last — M.O.
 (a) Marks indicating congenital peculiarities or previous disease eye sight M.O.

(b) Slight defects but not sufficient to cause rejection
eye R. D 200 aft 20ft. M.O.
L R 60 do M.O.

Enlisted on 1st day of May 1918 at Co. 10th Regt. I.R.C.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>R.C.R.</u>	479920		<u>1-5-1918</u>
Transferred to	<u>R.C.R. 627</u>	<u>479920</u>		<u>22-6-1918</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.

5911

Surname Motteson

61 Christian Name

allan albert

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				
Emmitt. Bb.	1-5-18										
Work Point, Wp.	27-18	2	7	18	5	7	18	Chinosis	4	Inflam. reduced then sent to Guthrie Hosp for operation	
Jubilee		5	7	18	20	7	18	Chinosis	15	Operation improved	
Work Point Broum. Wp.		21	10	18	7	11	18	Empyema	17	Moderate, severe complications Olate medic good recovery	

W. H. ... Capt.

H. ...

5911

P

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

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

350M.—5-16
H. Q. 1772-39-920.

ORIGINAL

Casualty Form—Active Service.

Unit, Regiment or Corps. 11th Det C.G.R. C.E.F.

Regimental No. 2706287 Rank Pt Name Morrison Allan Albert
C. E. F.

Enlisted (a) 18.3.19 Terms of Service (a)..... Service reckons from (a) 18.3.19

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) Civil Military Seaman

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				

<u>18-3-19</u>	<u>Attested</u>	<u>T.O.S. 11th B'n C.G.R. C.E.F.</u>	<u>VANCOUVER, B.C.</u>	<u>18-3-19</u>	<u>PART II. ORDER NO. 77 d/18-3-19</u>
<u>5-7-19</u>	<u>11th C.G.R.</u>	<u>S.O.S 11th C.G.R. C.E.F.</u>	<u>Vancouver B.C.</u>	<u>4-7-19</u>	<u>Part II order 185 d/5-7-19</u>
<u>on Demobilization under R.O 1328 sub para 7 dated 18/1/1918</u>					
<u>Certified correct in so far as it concerns</u>					

11th Batt'n Canadian Garrison Regt. C.E.F.
V.B. Bennett

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

5911

D

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *2nd Depot Bn B.C. Regt.*

Regimental No. *4082560* Rank *PTE* Name *Morrison Allan Albert*

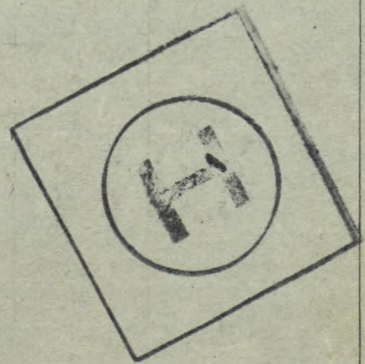
Defaulter T.O.S. 11-11-17

Enlisted (a) *11-11-17* Terms of Service (a) *C. E. S.* Service reckons from (a) *11-11-17*

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) *Civil Military Samar*

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				
<i>26.4.18.</i>	<i>2/B.C.R.</i>	<i>T.O.S. Surrendered himself under M.S.A. 23.4.18. T.O.S. 11-11-17. Profits pay & all. 163 days.</i>	<i>Victoria B.C.</i>	<i>11.11.17.</i>	<i>26.4.18. Do. Pt 116</i>
<i>26.4.18.</i>	<i>do.</i>	<i>S.O.S. Capt "R. to R."</i>	<i>do</i>	<i>23.4.18.</i>	<i>Do. Pt 116.</i>



cl ... 1 ...

for DGR

(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.]

5911

H

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

M. F. W. 54. (A. F. B. 10)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps The ROYAL CANADIAN REGIMENT C.E.F.

Regimental No. 479920 Rank Private Name Morrison, Allan Albert.
C. E. F.

Enlisted (a) 1.5.1918. Terms of Service (a) B.F. converted C.E.F. Service reckons from (a) 1.5.18.

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) Civilian, Seaman.
Military,

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				

	<u>R.O.873</u>	<u>Transferred to C.E.F.status</u>	<u>Esquimalt B.C.</u>	<u>22nd June, 1918.</u>	<u>Daily order Pt, 2, No. 55. dated 15.8.1918.</u>
<u>21-10-18</u>	<u>M.D. 11 34-M-745.</u>	<u>Discharged as Medically unfit,</u>	<u>Esquimalt. B.C.</u>	<u>15-11-18.</u>	<u>D.O.Pt.2. No.147. d/ 15-11-18.</u>

[Signature]
Major
Commanding No. 6 Station, R. C. Regt., C.E.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoing 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				

5911

Perm. force

MEDICAL HISTORY SHEET

ORIGINAL

Surname MORRISON Christian Name ALLAN ALBERT

Examined { on 5th day of mar 1919
at Vancouver
Birthplace { City or Town Cape Breton
County Nova Scotia

Approved by T. J. Macdonald
Rank CAPTAIN C.A.M.C. M.O.

Apparent age 21 yrs
Trade or occupation Seaman
Height 5 feet 6 3/4 Inches
Weight 151 lbs.
Chest measurement { Minimum 34 inches
Maximum expansion 36 1/2 inches
Physical development good
Small-pox Marks nil

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

Vaccination Marks { Arm Right Left
Number — —
When Vaccinated last 1919 none

Date	Result	VACCINATIONS
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease Enlarged R 20/60 L 20/60
nil
(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

A ii

Enlisted on 18th day of March 1919 at Vancouver B.C.

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>11th Det. I. G. R. C. C. F.</u>	<u>2706287</u>		<u>18-3-19.</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Vancouver</u>	<u>27.5-19</u>	<u>Board for Perm force.</u>	<u>Fit. A ii</u>
<u>Vancouver</u>	<u>30-6-19</u>	<u>Defective vision</u>	<u>A few hours only</u>

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.

29/60 Pollard

I hereby engage and agree to serve in the Permanent Force for a period of two years, or until legally discharged.

Alfred Albert Morris

Handwritten text, possibly a signature or name, written in dark ink on aged, yellowish paper. The text is faint and difficult to decipher, but appears to be a single line of writing.

5911
3
CASE HISTORY SHEET.

Work Point _____ Hospital. _____ Equumalt. 13th Station.
No. 1193 Rank Prob Name Morrison, A. A. Age 15
Unit P.S. 9 Completed years of service 10/12
Date of admission 23. 7. 18. Date of discharge 20 July 1919.
Diagnosis Phimosis. Place of origin _____

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Inflamed tight foreskin.
5/7/18 Transferred to Jubilee Hospital
in operation.
Jubilee Section.
6/7/18. Admitted.
10/7/18. Circumcised
20/7/19. Discharged to Unit.

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

Nil as to these.

TREATMENT.

(Especially any specific or special form.)

Boracic Fomentations of test. bed. Soap.
Circumcision.
Lomentation.

CONDITION ON DISCHARGE.

(and disposal made of case.)

Improved. Prepuce has been removed, and the man has no pain whatever during urination of wound completely healed.
Date 20/7/18.

Medical Officer i/c case.

Capt.

CASE HISTORY SHEET

Faint handwritten notes at the top of the page, possibly including a name and date.

Faint handwritten notes in the upper middle section, including what appears to be a date.

Faint handwritten notes in the middle section, possibly describing symptoms or observations.

Faint handwritten notes in the lower middle section, continuing the case history.

Faint handwritten notes in the lower section, including a date.

Faint handwritten notes in the lower section, possibly concluding the entry.

Faint handwritten notes at the bottom of the page, including a date.

MEDICAL HISTORY SHEET.

IMPORTANT.--If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname MORRISON. Christian name ALLAN ALBERT.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.
3. Consecutive number on schedule of men reporting for service (if he appears on it).
4. Address (including street and number, if any) 2476-13th Ave.W., Vancouver, B.C.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 15th day of February 1917, by the undersigned medical board sitting at VANCOUVER B.C.

- 5. Age as stated 21 Years 1 Months. 6. Apparent age.
7. Height Feet Inches. 8. Weight Pounds.
9. Chest measurement { Minimum Ins. Maximum Ins.
10. Complexion { Eyes Hair
11. Physical development. { Good Fair Poor
12. Smallpox marks.
13. Number of vaccination marks { Right arm Left arm
14. When vaccinated last.
15. Distinctive marks and marks indicating congenital peculiarities or previous disease.

16. Slight defects but not sufficient to cause rejection. The man denies having had Rheumatism Tuberculosis Syphilis We find no evidence of past Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category E Poor vision. Mentally below average.

Signature of Man Allan Morrison

W.F. Mackay Cpt. Member. J. Buller Cpt. President. J. Murphy Capt. Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Rows show M.O. results.

Joined day of 191 at

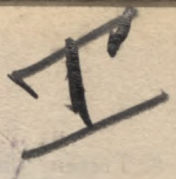
Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Rows for 'Joined on enlistment' and 'Transferred to'.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT.

N. B.—This sheet is 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.

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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..... Vancouver B.C...... DATE..... 26.6.19.....

1. 1 (a) Unit..... 11th C.G.R. (b) Regimental No..... 2706287..... (c) Rank..... cpl
 (d) Surname..... MORRISON..... (e) Christian name..... Allan
 (f) Home address..... 2476 13th Ave West, Vancouver, B.C.
 (g) Next of Kin..... Mrs A. Morrison..... (h) Relationship..... mother
 (i) Address of Next of Kin..... same address

2. Age last birthday..... 21..... Date of birth..... Jan. 18th, 1898

3. Enlistment, or Appointment (if an Officer) (a) Place..... Vancouver..... (b) Date..... Mar. 18, 19

4. Personal description:

(a) Height..... 5'8"..... (b) Weight..... 157..... (c) Complexion..... fair
(stripped)
 (d) Colour of hair..... brown..... (e) Colour of eyes..... grey..... (f) Identification marks, Scars, etc.
scar on right forehead

5. Former trade or occupation..... steward

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years		Days
	From	To	
Canada	March 1919	present.	
England.....			
France or other theatres of War.....			

7. Original disease, or injury..... tumour of brain

(a) Date of origin..... 1909..... (b) Place of origin..... Vancouver
 (c) Cause..... not known

M. F. B. 227.

400m-11-18.
1772-39-117.

5911

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

defective vision

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.)

Eyesight poor, pains in head, dizziness, see specialist's report.

(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).)

In 1909 was sick four months with tumour of the brain, was operated on and has not been well since. No improvement.

T

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).)

nil

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

scar on head, operation for tumour of brain 1909

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

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

no

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

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? permanent.

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

nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

nil

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

17. Recommendations discharge

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, 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

R.G.

Signature of invalid examined. Rank.

5911

T

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.)

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.)

no

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

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

yes

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.

PLACE..... Vancouver B.C.

R. Gibson President.
Dan McNeill Maj

DATE..... June 30.1919.

} Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE.....
..... President.

DATE.....
} Members

APPROVED BY *H. Lang*
Assistant Director of Medical Services.

APPROVED BY
Captain
C.A.M.C.
M.D. 11
Director-General of Medical Services.

DATE..... JUL 2 1919

DATE.....

5911
R
CASE HISTORY SHEET.

V.G.M. Annex. Hospital. Vancouver Station.

No. 2706287 Rank Cpl. Name Morrison, A.A. Age 21

Unit 11 OGR. Completed years of service Where and how long } Can. 4/12.

Date of admission 16-6-19 Date of discharge 4/7/19

Diagnosis Optic atrophy Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Complaint: Pain in head - loss of sleep.

History: 1907 measles - no complications.
1909 - operation for tumor of brain? 4 months sick. Result - has not been well since - occasional pain.

Examination: Operation scar right side scalp. Sight - difficult to read. For eye examination.
For examination by Capt. Brodie.

Supr " " Saunders report attached

Still complains of pains in head & loss of sleep.

Not improving recommend his discharge from Army.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Good

TREATMENT

(Especially any specific or special form.)

nil

CONDITION ON DISCHARGE,

(and disposal made of case.)

Not improved
Optic atrophy non

Date 4/7/19

W.F.C. Medical Officer i/c case.

CARL HIRST Y 24

No. 27082
Date 11-1-19
Name Carl Hirst
Rank O-1
Branch Aviation
Station

15-6-19

Pain in head - loss of sleep.

1907 measles - no complications.
1909 - operation for injury of brain - 3 months sick - has not
been well since - occasional pain.

Operation ear right side scalp. Slight
head. For eye examination.
For examination by Gage. Slight.

Still complains of pain in head
& loss of sleep.
The symptoms are
the same as before.

1910

1911

1912

Date

1913

7667

208784

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



1. No. *2706287*

2. Rank *Private*

3. Name *Morrison Allan Albert*

4. Unit *11th Batt'n Canadian Garrison Regt. C.E.F.*

5. Date of Discharge *4-7-19* Place *Vancouver B.C.*

6. Reason for Discharge *Demobilization*
Route order 1328 Sub para 7 dated 18-11-18

7. Authority

8. Proposed Residence after Discharge *2476-15th Avenue West*
Vancouver B.C.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W. ? *39*
Deceased 16-9-39.
649-M-52420 of A Morrison
Signature of Soldier.

10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.

Place *Vancouver B.C.*

Date *4th July 1919*

ER 41

MEDICAL DOCUMENTS
FORWARDED TO
S. C. R. OR B. P. C.
ON
98 9-7-19

Signature *John C. Thorne*
(O. C. Discharging Unit.)
11th Batt'n Canadian Garrison Regt. C.E.F.



SHORT FORM
PROCEEDINGS ON DISCHARGE
(Individuals)

1. Name of Person for Discharge

2. Address of Person for Discharge

3. Proposed Residence after Discharge

4. Signature of Soldier

5. Signature of Soldier

6. Signature of Soldier

7. Signature of Soldier

8. Signature of Soldier

9. Signature of Soldier

10. Signature of Soldier

11. Signature of Soldier

12. Signature of Soldier

13. Signature of Soldier

14. Signature of Soldier

15. Signature of Soldier

16. Signature of Soldier

17. Signature of Soldier

18. Signature of Soldier

19. Signature of Soldier

20. Signature of Soldier

W. J. [illegible]

U.S. Department of War

LIST OF BISHOP'S DOCUMENTS

1841	W. A. ...	...
1842	W. A. ...	...
1843	W. A. ...	...
1844	W. A. ...	...
1845	W. A. ...	...
1846	W. A. ...	...
1847	W. A. ...	...
1848	W. A. ...	...
1849	W. A. ...	...
1850	W. A. ...	...

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

This space to be for numbers.



28.6/2/19

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	479920
Rank	Private
Name	Allan Albert Morrison
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	Royal Canadian Regiment.
Date of Discharge	November 15 th 1918
Place of Discharge	Work Point Barracks, Esquimaux, B.C.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....20.....years.....months.

Descriptive Marks

Height.....5.....feet.....6.....inches.

Complexion *Flesh*

Eyes *Blue*

Hair *Fair*

Trade *Seaman*

Intended place of residence } *2476-18th Avenue W.*

(To be given as fully as practicable.) } *Vancouver, B.C.*

2. The above-named man is discharged in consequence of

Medically unfit.
Anthony 11 M.D. 34-M-745

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

Fair *JLB*

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Unknown *JLB*

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

5. He is in possession of the following number of G. C. Badges:

nil job

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

nil job

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) *Esquimaux B.C.*

(Date) *September 15th 1918*

J. Chaffey
Commanding *De Glan RER 287*

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) *Esquimaux B.C. A.C. Morrison* (Signature of Soldier.)

(Date) *September 15th 1918 J. Houdry Supt.* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

[Signature] (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) *Esquimaux B.C.*

(Date) *September 15th 1918*

(Signature) *J. Chaffey*
De Glan RER 287

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None

ACT Morrison

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* " B. 227. Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877. *Only if discharged "Medically unfit."	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

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

REGT. No. 2706287 RANK PTE NAME (IN FULL) MORRISON, ALLAN ALBERT

M. OR S. ✓

NEXT OF KIN <u>Mr. Annie Morrison</u> RELATIONSHIP <u>Wife</u>	ORIGINAL UNIT C.E.F. <u>XI DET. C.G.R.</u>	IF IN P.F. WHAT UNIT? <u>(BLOCK LETTERS SURNAME FIRST)</u>
ADDRESS <u>as below</u>	PLACE OF ATTESTATION <u>VANCOUVER</u>	DATE <u>18-3-19</u>
IS SEPARATION ALLOWANCE PAID? <u>No.</u>	DATE OF ATTESTATION <u>18-3-19</u>	ASSIGNED PAY \$ <u>20⁰⁰/₁₀₀</u>
TO WHOM PAID <u>Mr. Annie Morrison</u>	RELATIONSHIP <u>Wife</u>	ANY CHANGE IN ASSIGNEE OR ADDRESS <u>Man's address</u>
ADDRESS <u>2476 13th Ave. West Vancouver, B.C.</u>	DATE EFFECTIVE <u>1/3/19</u>	STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE
	DISCHARGED <u>Vancouver</u>	DATE <u>4-7-19</u>
	REASON <u>Demob</u>	AUTHORITY <u>D.O. 186</u>
		IF ENTITLED TO POST DISCHARGE PAY <u>Yes</u>

MONTH	NO. OF DAYS	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
		RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT	DEBIT	CREDIT		
1919																				
MAR 18	31	14 10	15 40		15 40			66 31		6 40						10 40		5		D.O. 77 attested + T.O.S.
APR 30	30		35	5	38	12 14	23 20		5	5			11			28		10		
MAY 19	19		20 90	10		36 15	23 23		5	5		20	12	15		42 15		3 15		D.O. 133 for Stoppage 15c 233177
JUNE 30	30	12 10	14 40		45 30															
JULY 31	31	13 10	18 70		34 30			23 23					13			37 45				233177
AUG 31	31	14	14 40 35		39 40	23 23	23 23		16	8 8	4		159			109 40 70		6 00		D.O. 167 adm. 4-4-19 D.O. 158. Black 4-7-19 D.O. 197. for def. 5-5-19
		2 1/2 days	70		70 00											70				

Certified that all payments have been made on this account for which covering authority has been received to date.
W. Morrison
 Paymaster, Demobilization
 M.O. No. 11

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2596
W. Morrison
 Capt.
 Officer i/o War Service Gratuity
 M.O. No. 71

War Service Gratuity
 Service 4 years 11 months

Injury

Hospital.

28

No. of Bed

Date *19 Oct 18*

Regl. No.

Rank and Name.

Corps.

Part to be X-Rayed.

Lt Morrison 52 Canadian R. Recs.

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

X-ray L. Knee.

Trac.

1-10-18.

S.W.

(C)

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate

21924. Post Ext.

(1) Separation of int. condyle of femur (fracture into middle line of joint). (2) Fracture of inner side of head of tibia, also to middle line. Not much displacement. Shadows due to bismuth, with probably tiny F.B.'s.

"X" Ray Enquiries must give this reference number, and apply to "X" Ray Department 2nd: W.G. Whitworth Street, Manchester.

Signature of M.O.

F. J. Thomson

Signature of Radiographer

W. S. Bythell

Date

Date

21 OCT 1918



CLINICAL CASE

(To be attached to ...)

Corps *44 Bn Canadian*

No. _____ Rank and Name *Private Morrison J.*

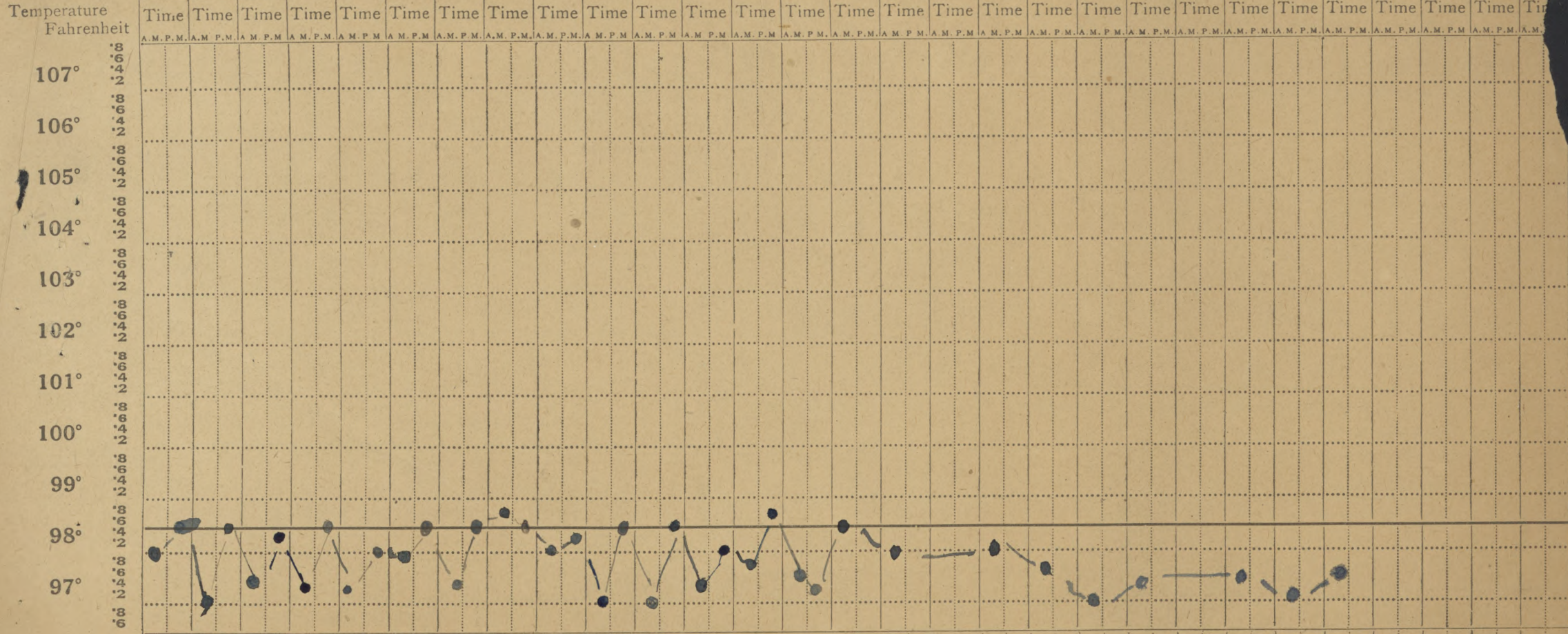
Age *29*

Military ...

Disease *S. wound Shoulder* Date of admission *May 13th*

Date of discharge _____

Dates of Observation	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11
Days of Disease																														



Pulse per Minute																																	
Respirations per Minute																																	
Motions per 24 hours	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	<i>0/20</i>	



Station
and Date.

Blank white label with red border and perforations.

R
L
D

PROCEEDINGS OF A MEDICAL BOARD

Shorncliffe (23-25, Earls Avenue,

12-3-18.

assembled at.....Folkestone).....on.....

A.D.M.S., Canadians.

by order of.....

for the purpose of examining and reporting upon the present state of health of

(Rank and Name).....LIEUT. MORRISON, ALAN.....(Corps).....18th Resv Battn.

Age.....29.....Service.....22/12.....Disability.....JAUNDICE (CATARRHAL).

Date of commencement of leave granted for present disability.....---

Date on which placed on half-pay for present disability.....----

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This Officer comes before Board, after one month of Home Service.

He states that he is now feeling O.K.

Examination. There is no sign of the above disability. The Board is of the opinion that this Officer is now physically fit.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

- 1. Fit for General Service..... **Yes (Category "A")**
- 2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* } **Not applicable**
- 3. Fit for Home Service..... **do do**
- 4. Fit for Light Duty at Home..... **do do**
- 5. Requiring indoor hospital treatment—
 - (a.) In an Officers' Hospital.....
 - (b.) In an Officers' Convalescent Hospital.....
- 6. (a.) Fit for light duty at a Command Depot.....
- (b.) Fit for treatment only at a Command Depot.....
- 7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation }
- 8. Was the disability contracted in the service?..... **Yes**
- 9. Was it contracted under circumstances over which he had no control? } **Yes**
- 10. Was it caused by military service?..... **Yes**
- 11. If caused by military service, to what specific military conditions is it attributed? } **G.S. Conditions**
- 12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? } **Not applicable**

I concur in the findings of the Board of Medical Officers here recorded.
Captain, D.A.D.M.S., A.D.M.S., Canadians.

Officer's Address { 18th Resv Battn. }
P. DIBGATE.

Signatures { A.E. Mackintosh Capt. C.A.M.C. }
P. J. O'Dwyer Capt. C.A.M.C. }
Members.

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.